

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> Order Renewal	
Patient preferred clinic:	

## ILARIS® (canakinumab) Unspecified Plan of Treatment

Rev 4.28.25

### PATIENT DEMOGRAPHICS:

Patient Name:	
Patient's Phone:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG Gender: Allergies: See list NKDA

### DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)

<input type="checkbox"/> M04.1 - FMF, HIDS/MKD, and TRAPS	<input type="checkbox"/> M08.2 - Juvenile rheumatoid arthritis w/ systemic onset
<input type="checkbox"/> M04.2 - CAPS (includes FCAS and MWS)	<input type="checkbox"/> M08.9 - Juvenile arthritis, unspecified*
<input type="checkbox"/> M06.1 - Adult-onset Still's disease	<input type="checkbox"/> M10.X - Gout flares
<input type="checkbox"/> - Other:	

### REQUESTED DOCUMENTATION:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	TB screening prior to starting therapy

### PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF NO:	IF YES:
PLEASE STATE	LAST INJECTION DATE:
REQUIRED WASHOUT	NEXT INJECTION DATE:
FROM PREVIOUS	
THERAPY:	
<b>Continue current order until insurance approved</b>	

### MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive canakinumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, and/or surgery.

**ILARIS® (canakinumab) as directed via subcutaneous injection**

### DOSE/DIAGNOSIS:

<p><b>Still's Disease (AOSD) &amp; Systemic Juvenile Arthritis (SJIA)</b></p> <p>***Max dose for AOSD and SJIA is 300mg/dose***</p> <p><input type="checkbox"/> 4mg/kg (Adults and Peds &gt;= 2 years and weighing &gt;=7.5kg) via subcutaneous injection every 4 weeks</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Gout Flares</b></p> <p><input type="checkbox"/> 150mg via subcutaneously for gout flare (if retreatment is necessary, do not administer until at least 12 weeks after last dose)</p> <p>Frequency: <input type="checkbox"/> One time dose only <input type="checkbox"/> Retreatment permitted x _____ doses</p>
<p><b>Cryopyrin-Associated Periodic Syndromes (CAPS)</b></p> <p>***Max dose of 8mg/kg/dose (&lt;40kg) for CAPS***</p> <p><b>Body weight &gt;= to 15kg but &lt;= to 40kg</b></p> <p><input type="checkbox"/> 2mg/kg-via subcutaneous injection every 8 weeks</p> <p><input type="checkbox"/> 3mg/kg-via subcutaneous injection every 8 weeks</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Body Weight &gt; than 40kg</b></p> <p>***Max dose of 600mg (&gt;40kg) for CAPS***</p> <p><input type="checkbox"/> 150mg-via subcutaneous injection every 8 weeks</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>(TRAPS, HIDS/MKD, and FMF)</b></p> <p>(Lowest dose is recommended unless clinical response is not adequate)</p> <p><b>Body weight &lt;= to 40kg</b></p> <p><input type="checkbox"/> 2mg/kg via subcutaneous injection every 4 weeks</p> <p><input type="checkbox"/> 4mg/kg via subcutaneous injection every 4 weeks</p> <p><b>Body weight &gt; than 40kg</b></p> <p><input type="checkbox"/> 150mg via subcutaneous injection every 4 weeks</p> <p><input type="checkbox"/> 300mg via subcutaneous injection every 4 weeks</p> <p><input type="checkbox"/> Other: _____</p>

### SPECIAL ORDERS/DOSING/FREQUENCY:

Follow each injection with a 30min observation period.



Refills x 12 months unless noted otherwise here:

### NURSING ORDERS:

Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

### ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website.

### PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

### PRESCRIBER SIGNATURE: (No stamp signatures)

DATE:

Dispense as written/Brand medically necessary	Substitution permitted