

Ilaris (canakinumab) Order Form- J0638

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

Required labs: TB screening prior to treatment

Canakinumab dosing:

4 mg/kg subcutaneously every 4 weeks. Dose equal to _____ mg

Other: _____ mg subcutaneously every _____ weeks

Maximum dosage: 300 mg/dose

Orders valid through ____/____/____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____

Provider Signature: _____ Date: _____

Phone: _____ Fax: _____ Pager: _____