

## Ilaris (canakinumab) Order Form—J0638

---

Patient Name	Middle	Last	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