NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

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 subxutaneously 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