PREMIER INFUSION CENTER

Ilaris (canakinumab) Injection Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ lb/kg
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ M04.1 – Periodic fever syndromes (FMF, HIDS/MKD, TRAPS, CAPS)
☐ M06.1 – Adult-onset Still's disease (AOSD)
☐ M1A.9xx0 – Chronic gout, unspecified, without tophi
☐ M1A.9xx1 – Chronic gout, unspecified, with tophi
☐ Other: _____ **ICD-10 Code:** _____

🔹 Injection Order

- **Still's Disease (SJIA/AOSD):**
  ☐ 4 mg/kg subcutaneous every 4 weeks (Max 300 mg)
- **Periodic Fever Syndromes (FMF, HIDS/MKD, TRAPS):**
  ☐ ≥40 kg: 150 mg subcutaneous every 4 weeks
- **CAPS (FCAS/MWS):**
  ☐ ≥40 kg: 150 mg subcutaneous every 8 weeks
- **Gout Flares:**
  ☐ 150 mg subcutaneous once; minimum 12-week interval before re-treatment
- ☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

◆ Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

◆ Premedication (Optional)

☐ Acetaminophen: ☐ 325 mg ☐ 500 mg ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Famotidine: ☐ 20 mg ☐ 40 mg ☐ IV
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

◆ Laboratory Monitoring

☐ CBC ☐ CMP ☐ CRP ☐ ESR ☐ TB Screening
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

◆ Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Negative TB test within past 12 months

◆ Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____