

# Ilaris Injection Order

(canakinumab)

**SMART CHOICE INFUSION**  
FOR YOUR HEALTH & WELLNESS

www.smartchoiceinfusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: \_\_\_\_\_

Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the  
following patient information:**

☐ Demographics

☐ Insurance Information

☐ TB Labs

☐ H & P Relevant to Diagnosis

☐ Current Medications

☐ Current CBC & CMP

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg      Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## ILARIS (CANAKINUMAB) SUBCUTANEOUS INJECTION DOSAGE:

Date of Last Treatment, If Continuation:

	BODY WEIGHT	RECOMMENDED DOSE	RECOMMENDED TITRATION
Still's Disease: SJIA and AOSD	≥7.5 kg	<input type="checkbox"/> 4 mg/kg (with a max of 300mg) every 4 weeks	-
PFS: FMF, HIDS/MKD, AND TRAPS	≥40 kg	<input type="checkbox"/> 2 mg/kg every 4 weeks	<input type="checkbox"/> Dose can be increased to 4 mg/kg every 4 weeks
	>40 kg	<input type="checkbox"/> 150 mg every 4 weeks	<input type="checkbox"/> Dose can be increased to 300 mg every 4 weeks
PFS: CAPS (FCAS and MWS)	≥15 kg to ≥40 kg	<input type="checkbox"/> 2 mg/kg every 8 weeks	<input type="checkbox"/> Dose can be increased to 3 mg/kg
	>40 kg	<input type="checkbox"/> 150 mg every 8 weeks	-