

Canakinumab

(Ilaris)

Provider Order Form rev. 2/6/2026



PROVIDERS: Please include the following information to expedite the order:
Patient Demographic, most recent Office Visit Note, Insurance Information, Recent Labs

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code: M04.1 M04.2 M06.1 M08.2 Other: _____
Description: _____
 NKDA Allergies: _____ Weight (lb/kg) _____
Patient Status: New to Therapy New to Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

- Utilize Hypersensitivity protocol established by Redeemer Health Infusion and PI
- Provide nursing care and observation per Redeemer Health Infusion Policies and Procedures
- TB status and date (list results and attach clinicals)

Hep B status and date (list results and attach clinicals)

*Evaluate patients for active/latent TB/HVB infection prior to and periodically during treatment with Ilaris. Consultation with provider for treatment of TB, HBV is recommended prior to treatment with Ilaris.

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

Please check this box if you do NOT authorize Redeemer Health Infusion to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

SPECIAL INSTRUCTIONS

Please check this box if you DO NOT authorize Redeemer Health Infusion to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

PRE-MEDICATION ORDERS

Not typically indicated for this medication.

- acetaminophen (Tylenol) 500 mg/ 650 mg/ 1000 mg PO
 - cetirizine (Zyrtec) 10 mg PO
 - loratadine (Claritin) 10 mg PO
 - diphenhydramine (Benadryl) 25 mg/ 50 mg PO/ IV
 - methylprednisolone (Solu-Medrol) 40 mg/ 125 mg IV
 - hydrocortisone (Solu-Cortef) 100 mg IV
 - Other: _____
- Dose: _____ Route: _____
Frequency: _____

THERAPY ADMINISTRATION

- Canakinumab (Ilaris) Subcutaneous Injection
- **Dose for acute flares:** 150 mg Other: _____
- **Frequency:** One dose* Other: _____

*Do not repeat x12 weeks

Patient to stay for 30-minute observation post injection.

- **Route:** Subcutaneous
- Refills: Zero/ for 12 months/ Other: _____
(If not indicated, order will expire one year from date signed)

To ensure a brand name product is dispensed, the prescriber must *handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Redeemer Infusion is authorized to administer a generic or biosimilar.*

Provider Name (Print)

Provider Signature

Date