

Ilaris (canakinumab)

Provider Order Form rev. 7/20/2022



www.vascoinfusion.com
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PATIENT INFORMATION

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
	Next Due Date (if applicable):		

PROVIDER INFORMATION

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

DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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ICD-10 CODE

- M06.1 Adult onset Still's Disease
- M08.20 Systemic Juvenile Arthritis
- M04.2 Cryopyrin-associated periodic syndrome (CAPS)
- M04.1 Periodic Fever Syndromes

MEDICATION ORDER

Ilaris (canakinumab)

- Dose:
- 2mg/kg SC 150mg SC
 - 3mg/kg SC 300mg SC
 - 4mg/kg SC

Frequency:

- Every 4 weeks
- Every 8 weeks

Order Expiration Date (mm/dd/yy): _____
(If not indicated order will expire one year from date signature)

SPECIAL INSTRUCTIONS

Provider Name (Print)	Provider Signature	Date
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Check here if this is a stat order