Nevada Infusion
5401 Longley Lane, Suite 34, Reno, NV 89511
PH: 775-453-0667 | Fax: 775-470-8478

Ilaris Order Form

Patient Name: _____ DOB:_____
Phone:_____ Address: _____
City: _____ State:_____ Zip:_____ Email: _____
Sex: _____ Height: _____ Weight:_____ Allergies:_____

DIAGNOSIS:

- ☐ Adult onset Still's Disease ICD-10: M06.1
- ☐ Systemic Juvenile Arthritis ICD-10: M08.20
- ☐ Periodic Fever Syndromes ICD-10: M04.1
- ☐ Cryopyrin-associated periodic syndrome (CAPS) ICD-10: M04.2
- ☐ Other:_____ICD-10:_____

ORDER FOR ILARIS (CANAKINUMAB):

Dosing:	**Frequency:**
☐ 2mg/kg Subcutaneously ☐ 3mg/kg Subcutaneously ☐ 4mg/kg Subcutaneously ☐ 150mg Subcutaneously ☐ 300mg Subcutaneously ☐ Other: _____	☐ Every 4 weeks ☐ Every 8 weeks ☐ Other: _____

PRE-MEDICATIONS:

- ☐ Acetaminophen 650mg PO
- ☐ Diphenhydramine 25mg PO or IV or Zyrtec 10 mg PO
- ☐ Hydrocortisone 100mg IV or Methylprednisolone 125mg IV
- ☐ Additional Pre-Medications: _____

MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- ☑ **Nevada Infusion Hypersensitivity Reaction Order Set**
- ☐ Other: _____

ACCESS: Peripheral IV, Port, Midline, or PICC line
FLUSHING: 10 mls NS pre/post infusion OR Heparin 5ml for port – 100 units/ml
NURSING: Per Nevada Infusion

LABS ORDERS: _____ Fax results to: _____

PROVIDER INFORMATION:

Physician Name: _____ NPI:_____
Physician Signature: _____ Date:_____
Point of Contact: _____ Phone:_____ Email: _____

Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478

**Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. **

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Please Include Required Documentation for Expedited Order Processing & Insurance Approval:

☐ Signed provider orders (page 1)

☐ Patient demographic and insurance information

☐ Patient's current medication list

☐ Supporting recent clinical notes and H&P (to support primary diagnosis)

☐ Supporting documentation to include past tried and/or failed therapies

☐ Include labs and/or test results to support diagnosis

☐ Other medical necessity documentation (please include): _____

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