



# Ilaris (canakinumab)

New Referral  Continuing Treatment  Medication Order Change

**Patient Information:**

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SS#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Physician Information:**

Referring Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

**Medication Orders**

Patient Weight: \_\_\_\_\_ kg Patient Height: \_\_\_\_\_ inches  First Dose  Maintenance Dose

Dosing:  \_\_\_\_\_  
 \_\_\_\_\_

Premeds(if applicable):  \_\_\_\_\_

Indication / Diagnosis:  
 M40.1 TRAP'S Disease  
 M06.1 STILL'S Disease  
**ICD-10 (Required)** \_\_\_\_\_

**MD Signature:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Required Documentation**

Please send the following documents and records. This will help streamline the pre-authorization process.

- **If this is a continuation of a treatment, include the last infusion note**
- Patient demographic information sheet
- Copy of insurance card(s) front and back
- Copy of most recent office and consult notes (must include discussion of prescribed drug)
- Current medication list

Most recent diagnostics results to include:

- CMP/BMP
- CBC with differential
- TB test: QGT, TSpot (within 2 years) - if HX of TB or + QGT, need negative Chest Xray report sent
- Hepatitis C-Ab
- Hepatitis B-Core Ab, B SAg, B SAb

*We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.*

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