Atrium Health Infusion Centers
Phone: 704-468-3400 **Fax:** 704-468-3401

Ilaris Injection Order (Revised 4/3/21)

Instructions to Provider: All orders with ⊠ will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: N/A

Infusion Therapy:

⊠ Ilaris (canakinumab) **_____** mg SC

Frequency: every **___4_____** weeks

ICD 10 code: _____

Additional Orders:

_____

_____

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Injection Monitoring:

- Obtain vital signs pre-injection and post-injection PRN.

- Monitor for signs of reaction for 30 mins after completion of injection.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: