

## Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: \_\_\_\_\_

Review: Every 358 days

## Orders

|                                                                                                                                                                                                                                                                                        | Interval      | Defer Until | Duration           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|--------------------|
| <b>Provider Communication</b>                                                                                                                                                                                                                                                          |               |             |                    |
| <input checked="" type="checkbox"/> Provider communication                                                                                                                                                                                                                             | Every 28 days |             | Until discontinued |
| Until discontinued Starting when released Until Specified                                                                                                                                                                                                                              |               |             |                    |
| Complete TB screening (PPD or QuantiFERON-TB Gold) prior to initiation of canakinumab. Patients with a positive TB screening result should be evaluated and treated as appropriate before starting therapy. Monitor for signs and symptoms of tuberculosis during and after treatment. |               |             |                    |

Do not administer canakinumab during an active infection requiring medical intervention. Monitor for signs and symptoms of infection throughout treatment and notify the provider if a serious infection is suspected.

## Supplemental Labs

|                                                                                                    |                |  |                    |
|----------------------------------------------------------------------------------------------------|----------------|--|--------------------|
| <input type="checkbox"/> TB Screening Labs                                                         |                |  |                    |
| <input type="checkbox"/> QUANTIFERON TB GOLD                                                       | Every 365 days |  | Until discontinued |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine |                |  |                    |
| <input type="checkbox"/> TB Skin Test                                                              | Every 365 days |  | Until discontinued |
| Routine, Once Starting when released, Miscellaneous                                                |                |  |                    |
| Release to patient: Immediate                                                                      |                |  |                    |
| Point Of Care                                                                                      |                |  |                    |
| <input type="checkbox"/> Read PPD                                                                  | Every 365 days |  | Until discontinued |
| Routine, Once Starting when released, Miscellaneous                                                |                |  |                    |
| Release to patient: Immediate                                                                      |                |  |                    |
| Point Of Care                                                                                      |                |  |                    |

## Labs

|                                                                                                    |                |  |                    |
|----------------------------------------------------------------------------------------------------|----------------|--|--------------------|
| <input checked="" type="checkbox"/> hCG, serum, qualitative                                        | Every 28 days  |  | Until discontinued |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine |                |  |                    |
| Inclusion conditions: Patient could become pregnant                                                |                |  |                    |
| <input checked="" type="checkbox"/> CBC and differential                                           | Every 12 weeks |  | Until discontinued |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine |                |  |                    |
| <input checked="" type="checkbox"/> Comprehensive metabolic panel                                  | Every 12 weeks |  | Until discontinued |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine |                |  |                    |

## Nursing Orders

|                                                                                                                                                   | Interval      | Defer Until | Duration           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|--------------------|
| <input checked="" type="checkbox"/> Treatment conditions                                                                                          | Every 28 days |             | Until discontinued |
| Until discontinued Starting when released Until Specified                                                                                         |               |             |                    |
| Hold treatment and notify provider until TB screening has been completed and any positive TB screening result has been evaluated by the provider. |               |             |                    |

Hold treatment and notify provider for active infection requiring medical intervention, fever, or signs/symptoms of serious infection.

### Therapeutic Medications

|                                                                                                                  |               |  |                    |
|------------------------------------------------------------------------------------------------------------------|---------------|--|--------------------|
| <input checked="" type="checkbox"/> AH THERAPEUTIC MEDICATION CANAKINUMAB<br>(ILARIS) SC INJECTION EVERY 4 WEEKS |               |  |                    |
| <input type="radio"/> canakinumab (Ilaris) injection 2 mg/kg<br>(Treatment Plan)                                 | Every 28 days |  | Until discontinued |
| 2 mg/kg, subcutaneous, Once, Starting at treatment start time                                                    |               |  |                    |
| Do not shake. Do not inject into scar tissue.                                                                    |               |  |                    |
| <input type="radio"/> canakinumab (Ilaris) injection 4 mg/kg<br>(Treatment Plan)                                 | Every 28 days |  | Until discontinued |
| 4 mg/kg, subcutaneous, Once, Starting at treatment start time                                                    |               |  |                    |
| Do not shake. Do not inject into scar tissue.                                                                    |               |  |                    |
| <input type="radio"/> canakinumab (Ilaris) injection 150 mg                                                      | Every 28 days |  | Until discontinued |
| 150 mg, subcutaneous, Once, Starting at treatment start time                                                     |               |  |                    |
| Do not shake. Do not inject into scar tissue.                                                                    |               |  |                    |
| <input type="radio"/> canakinumab (Ilaris) injection 300 mg                                                      | Every 28 days |  | Until discontinued |
| 300 mg, subcutaneous, Once, Starting at treatment start time                                                     |               |  |                    |
| Do not shake. Do not inject into scar tissue.                                                                    |               |  |                    |

### Emergency Medications

|                                                                                                                               |     |  |                    |
|-------------------------------------------------------------------------------------------------------------------------------|-----|--|--------------------|
| <input checked="" type="checkbox"/> Nursing communication                                                                     | PRN |  | Until discontinued |
| STAT, Until discontinued Starting when released Until Specified                                                               |     |  |                    |
| If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.                                             |     |  |                    |
| <input checked="" type="checkbox"/> Vital Signs                                                                               | PRN |  | Until discontinued |
| STAT, Every 15 min Starting when released                                                                                     |     |  |                    |
| If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.  |     |  |                    |
| <input checked="" type="checkbox"/> Nursing communication                                                                     | PRN |  | Until discontinued |
| Once Starting when released                                                                                                   |     |  |                    |
| If hypersensitivity reaction occurs:                                                                                          |     |  |                    |
| - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible                                      |     |  |                    |
| - Start 2 liters oxygen per nasal cannula and maintain airway                                                                 |     |  |                    |
| - Change and maintain IV line with 1000 mL 0.9% Normal Saline                                                                 |     |  |                    |
| <input checked="" type="checkbox"/> sodium chloride 0.9 % infusion                                                            | PRN |  | Until discontinued |
| 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day                                                 |     |  |                    |
| <input checked="" type="checkbox"/> albuterol 2.5 mg /3 mL (0.083 %) nebulizer<br>solution 2.5 mg                             | PRN |  | Until discontinued |
| 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day                         |     |  |                    |
| <input checked="" type="checkbox"/> albuterol HFA 90 mcg/act inhaler 2 puff                                                   | PRN |  | Until discontinued |
| 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day                           |     |  |                    |
| SHAKE WELL                                                                                                                    |     |  |                    |
| <input checked="" type="checkbox"/> acetaminophen (Tylenol) tablet 650 mg                                                     | PRN |  | Until discontinued |
| 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose                        |     |  |                    |
| For mild/moderate reaction: flushing, rash, pruritus                                                                          |     |  |                    |
| <input checked="" type="checkbox"/> diphenhydramine (BENADryl) injection 25 mg                                                | PRN |  | Until discontinued |
| 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose |     |  |                    |

|                                                                                                                               | Interval | Defer Until | Duration           |
|-------------------------------------------------------------------------------------------------------------------------------|----------|-------------|--------------------|
| For mild/moderate reaction: flushing, rash, pruritus                                                                          |          |             |                    |
| <input checked="" type="checkbox"/> diphenhydramine (BENADryl) injection 50 mg                                                | PRN      |             | Until discontinued |
| 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose |          |             |                    |
| For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)                           |          |             |                    |
| <input checked="" type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg                            | PRN      |             | Until discontinued |
| 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose                            |          |             |                    |
| For mild/moderate reaction: flushing, rash, pruritus                                                                          |          |             |                    |
| - OR -                                                                                                                        |          |             |                    |
| For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)                           |          |             |                    |
| <input checked="" type="checkbox"/> EPINEPHrine (EpiPen;Adrenalin) solution 0.3 mg                                            | PRN      |             | Until discontinued |
| 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose                          |          |             |                    |
| For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)                           |          |             |                    |

### Appointment Requests

|                                                                                                                                              |               |  |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--------------------|
| <input checked="" type="checkbox"/> Infusion Appointment Request                                                                             | Every 28 days |  | Until discontinued |
| Status: Once, Expected: S, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after |               |  |                    |

|                     |                       |       |      |
|---------------------|-----------------------|-------|------|
| *Provider signature | Provider printed name | *Date | Time |
|---------------------|-----------------------|-------|------|

\*Provider phone# \_\_\_\_\_

**\*Denotes field that must be completed by healthcare worker**