## Patient Preferred Clinic (select one):



PATIENT INFORMATION	l	Referral Status:	New Referral	Updated Orde	r Order Renewal	
DOB:	Patient Name:			Patient Phone	2:	
Patient Address:				Patient Email	:	
NKDA Allergies:			We	eight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:		Last Treatment Date:	:	Last 4 SSN:	
PROVIDER INFORMATIO	ON					
Referral Coordinator Name	Referral Co	Referral Coordinator Email:				
Ordering Provider:		Provider N	PI:			
Referring Practice Name:		Phone:		Fax:		
Practice Address:		City:		State:	Zip Code:	
	ILARIS THE	RAPY ADMINISTRAT	ION 🗹 Infu	usion to be admir	nistered per VIVO protocols.	

Infusion to be administered per VIVO protocols.

# Stills Disease including Adult Onset Stills Disease and Systemic Juvenile Idiopathic Arthritis

4 mg/kg (with a max of 300mg) for patients with a body weight greater than or equal to 7.5 kg subcutaneous every 4 weeks

### **Cryopyrin-Associated Periodic Syndromes (CAPS)**

Greater than 40 kg: 150 mg subcutaneous every 8 weeks

Greater than or equal to 15 kg and less than or equal to 40 kg: 2 mg/kg subcutaneous every 8 weeks

## Tumor Necrosis Factor Receptor Associated Periodic Syndrome, Hyperimmunoglobulin D Syndrome/Mevalonate Kinase Deficiency, Familial **Mediterranean Fever**

Body weight less than or equal to 40 kg

2 mg/kg subcutaneous every 4 weeks

4 mg/kg subcutaneous every 4 weeks

## Body weight greater than 40 kg

150 mg subcutaneous every 4 weeks

300 mg subcutaneous every 4 weeks

## **REQUIRED DOCUMENTATION**

**Patient Demographics** Insurance card/Information Progress Notes supporting DX

Medication List and H&P

TB results within 1 year

\*\*Order is valid for one year unless otherwise noted\*\*

rovider Name (Print)	Provider Signature		Date	
Fax Numbers	Nevada: 702-489-5744	Massachusetts: 203-724-4838		
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	Have a Question? (720) 902-4111	
Florida: 904-930-4211 Texas: 469-340-0044	Ohio: 216-400-0674 Oklahoma: 918-770-4421	New York: 203-724-4838 Connecticut: 203-724-4838	Email Referrals To: referrals@vivoinfusion.com	