Ilaris® (canakinumab) Referral Form

Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral   Updated Order   Order Renewal

DOB:	Patient Name:	Patient Phone:
Patient Address:		Patient Email:
NKDA Allergies:		Weight (lbs/kg): Height:
ICD-10 code (required):	ICD-10 description:	Last Treatment Date: Last 4 SSN:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Practice Address:	City: State: Zip Code:

ILARIS THERAPY ADMINISTRATION   ☑ 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

Provider Name (Print)	Provider Signature	Date

Fax Numbers

Colorado: 303-418-4679
Florida: 904-930-4211
Texas: 469-340-0044

Nevada: 702-489-5744
New Jersey: 609-955-3711
Ohio: 216-400-0674
Oklahoma: 918-770-4421

Massachusetts: 203-724-4838
Pennsylvania: 215-399-9244
New York: 203-724-4838
Connecticut: 203-724-4838

Have a Question? (720) 902-4111

Email Referrals To: referrals@vivoinfusion.com

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