

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
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Have a Question? (212) 776-9090

Email Referrals To: info@specialtyinfusion.com

Fax Referrals To: (800) 540-1852

E-Prescribe: QuickRx 2nd Ave, 2355 2nd Avenue, New York NY 10035 Tel: 212-858-0659

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