Ilaris® (canakinumab) Referral Form





PATIENT INFORMATION	Referral Status: New Referra	Updated Orde	r Order Renewal
DOB: Patient Name:		Patient Phone	e:
Patient Address:		Patient Emai	l:
NKDA Allergies:		Weight (lbs/kg):	Height:
ICD-10 code (required): ICD-10 description:	Last Treatmen	t Date:	Last 4 SSN:
PROVIDER INFORMATION			
Referral Coordinator Name:	Referral Coordinator Email	<u> </u>	
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:
ILARIS	S THERAPY ADMINISTRATION	Infusion to be admir	nistered per Vivo protocols.
Greater than 40 kg: 150 mg subcutaneous Greater than or equal to 15 kg and less th Tumor Necrosis Factor Receptor Associated Period	an or equal to 40 kg: 2 mg/kg subcutaneo		e Kinase Deficiency. Familia
Mediterranean Fever	iic Synarome, Hyperimmunogiobuiin D Sy	narome/ivievaionate	Kinase Deficiency, Familia
Body weight less than or equal to 40 kg			
2 mg/kg subcutaneous every 4 weeks 4 mg/kg subcutaneous every 4 weeks	Ri	QUIRED DOCUME	
4 mg/kg subcutaneous every 4 weeks			NTATION
		Patient Demogra	
Body weight greater than 40 kg 150 mg subcutaneous every 4 weeks			phics
Body weight greater than 40 kg		Patient Demogra	phics
Body weight greater than 40 kg 150 mg subcutaneous every 4 weeks		Patient Demogra	phics Iformation Upporting DX
Body weight greater than 40 kg 150 mg subcutaneous every 4 weeks 300 mg subcutaneous every 4 weeks		Patient Demogra Insurance card/II Progress Notes so	phics Iformation Upporting DX Ind H&P
Body weight greater than 40 kg 150 mg subcutaneous every 4 weeks 300 mg subcutaneous every 4 weeks		Patient Demogra Insurance card/In Progress Notes so Medication List a	phics Iformation Upporting DX Ind H&P
Body weight greater than 40 kg 150 mg subcutaneous every 4 weeks 300 mg subcutaneous every 4 weeks		Patient Demogra Insurance card/In Progress Notes so Medication List a	phics Iformation Upporting DX Ind H&P

Fax Numbers

Virginia: 804-500-5941 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: 800-540-1852 Pennsylvania: 215-399-9244 New York: 800-540-1852 Connecticut: 203-724-4838 Have a Question? (720) 902-4111
Email Referrals To: referrals@vivoinfusion.com
Email Specialty Referrals to:
info@specialtyinfusion.com