

Patient Status: ☐ NEW* ☐ CONTINUING

Next Due Date (if applicable) _____ Choose Location _____

*Include recent labs and last 2 office visit notes

Name _____ DOB _____
Phone _____ Other Phone _____
Email _____ SSN _____
Allergies _____ Weight _____ ☐ LBS ☐ Kg Gender ☐ M ☐ F

INSURANCE INFORMATION (Required)

Submit copies of the front and back of primary and/or secondary insurance cards with this referral

Physician Name _____ NPI# _____
License # _____ TIN# _____ DEA# _____
Address _____
City _____ State _____ Zip _____
Office Contact _____ Email _____
Phone _____ Fax _____

DIAGNOSIS INFORMATION:

☐ Active Still's Disease _____ ☐ Periodic Fever Syndromes _____ ☐ Other: _____
☐ Gout Flares _____

DOSING

For Still's Disease, including Adult Onset Still's Disease and Systemic Juvenile Idiopathic Arthritis:
☐ 4mg/kg (max of 300mg) weight ≥ 7.5 kg SQ Q 4 weeks

For Cryopyrin-Associated Periodic Syndromes (CAPS):
☐ 150mg weight > 40kg SQ Q 8 weeks
☐ 2mg/kg weight ≥ 15 kg and ≤ 40 kg SQ Q 8 wks

For Gout flares:
☐ 150mg SQ. In patients who require re-treatment, there should be an interval of at least 12 weeks before a new dose can be administered

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

Weight ≤ 40 kg

☐ 2mg/kg SQ Q 4 weeks
☐ 4 mg/kg SQ Q 4 weeks - consider if clinical response not adequate

Weight > 40kg

☐ 150mg SQ Q 4 weeks
☐ 300mg SQ Q 4 weeks - consider if clinical response not adequate

☐ Vital signs per HI protocol
☐ Anaphylaxis & hydration management per HI protocol

LABS

☐ Other _____

Provider Signature _____ Date _____

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Fax Referrals to: Kentucky (888) 977-0914 | New York (315) 457-4305 | Ohio (888) 977-0914 | Pennsylvania (724) 240-1586