

**KRYSTEXXA (PEGLOTICASE)
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- Baseline Uric Acid > 6.0 mg/dl

*****Patient must have Uric Acid level drawn PRIOR to infusion starting after 1st infusion*****

Patient must have Glucose-6-phosphate dehydrogenase (G6PD) deficiency screening prior to initiating therapy

Patient Name:	DOB:
Allergies:	Patient Phone:

- Diagnosis:** Chronic Gouty Arthropathy w/tophus (tophi) (ICD-10 Code: _____)
 Chronic Arthropathy w/o mention of tophus (tophi) (ICD-10 Code: _____)

J Code: J2507

KRYSTEXXA ORDERS

Krystexxa (pegloticase) 8mg IV in 250ml of NS IV over 120 minutes

*Patient will be observed 1 hr post infusion

*Refills _____

Frequency: Every 2 weeks

Protocol Pre-Medication Order: Solu-Medrol 125mg IV Benadryl 25mg PO/IV and Tylenol 650mg PO

**Patient advised to take antihistamine day before infusion*

Co-Administration Medication: Is there an immunomodulator prescribed? Yes No If yes, _____

Lab Orders: Serum uric acid 24-72 hours prior to infusion G6PD serum level (**required prior to first dose**)

Other lab orders: _____

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	