



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

KRYSTEXXA ORDER
(Pegloticase)

\*\*Please fax a copy of patient's demographics, insurance information, current Uric Acid Level, G6PD lab results, H&P relevant to the diagnosis & current medications.

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

Diagnosis: Chronic gout refractory to conventional therapy ICD-10: M1A.0\_\_\_

History of CHF: [ ] No [ ] Yes GPD6 deficiency [ ] No [ ] Yes

Patient started on NSAIDs and Colchicine 1 week prior to initiation of Krystexxa? [ ] No [ ] Yes

PRE-MEDICATIONS: Benadryl [ ] PO [ ] IV [ ] 25mg [ ] 50mg [ ] Pre med [X] PRN
Acetaminophen [X] PO [ ] 1000mg [X] Pre med [ ] PRN
Allegra [X] PO [ ] 60mg [X] Pre med [ ] PRN
Solu-Medrol [X] IV [X] 40mg [X] Pre med [ ] PRN
Normal Saline Bolus [ ] 250 mL [ ] 500 mL

Krystexxa (Pegloticase) IV Dosage:
8 mg IV in 250 mL 0.9% Normal Saline every 2 weeks.
ADMINISTER KRYSTEXXA IV OVER 2 HOURS
Patient will be monitored 1-hour post infusion
Start date of Infusion: \_\_\_/\_\_\_/\_\_\_ Duration: \_\_\_\_\_

Printed Provider's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office phone number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office address: \_\_\_\_\_ Contact person: \_\_\_\_\_