Krystexxa

INFUSION FOR HEALTH
InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.
Most Recent Office Visit Note, Insurance Info, Medication List, Krystexxa Patient Enrollment Forms, and Glucose-6-Phosphate dehydrogenase (G6PD), CBC, CMP, BMP, and Uric Acid

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ ◯ lbs / ◯ kg Height: _____

Diagnosis: ☐ Chronic Gout ☐ M1A.00X0 ☐ M1A.00X1, ☐ M1A.9XX0 ☐ M1A.9XX1

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

IMPORTANT NOTES:

Recommended per PI to start weekly methotrexate and folic acid or folinic acid supplementation at least 4 weeks prior to initiating, and throughout treatment Patient will need to go to lab 2 days before every appointment to do a uric acid level, please send orders to lab and have them fax a copy to 805-852-2636

The following medications will be administered per prescribing information:

Center will use Hypersensitivity protocol established by Infusion for Health and P.I

☐ Diphenhydramine	◯ 25mg ◯ 50mg	☐ PO	☐ IV	☐ Other _____	☐ N/A
☐ Acetaminophen	◯ 325mg ◯ 500mg ◯ 650mg	PO		☐ Other _____	☐ N/A
☐ Fexofenadine	☐ 60mg	PO		☐ Other _____	☐ N/A
☐ Methylprednisolone	◯ 40mg ◯ 125mg		IV	☐ Other _____	☐ N/A

PRESCRIPTION:

Pegloticase (Krystexxa) 8mg IV in 250 mL 0.9% Sodium Chloride every 2 weeks
ADMINISTER KRYSTEXXA OVER 2 HOURS. Patient will be monitored 1 hour post-infusion.

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

☐ Uric Acid Level, 2-3 days prior to each infusion ☐ Prior to first appointment ☐ Other Frequency:

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.