vitalcare of SAN ANGELO

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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 24-72 hours prior to 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**

Frequency: Every 2 weeks

Protocol Pre-Medication Orders: ☐ Solu-Medrol 125mg IV ☐ Antihistamine 25mg PO/IV

Patient advised to take antihistamine day before infusion

Additional Instructions:

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