



159 Fountains Blvd. Madison, MS 39110  
Phone: 601.859.8200 Fax: 601.859.8201

**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\***

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

- 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:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	