

**Intravene - Krystexxa Infusion Orders (rev 4/2022)**

**Please fax this form along with a copy of insurance cards to:**

**Fax (434) 455-5531 or Call (434) 947-3900 ext. 3001**

**PATIENT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Allergies \_\_\_\_\_  
Primary Insurance \_\_\_\_\_  
Secondary Insurance \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician Name \_\_\_\_\_  
Physician Address \_\_\_\_\_  
\_\_\_\_\_  
Physician Phone \_\_\_\_\_  
Physician Fax \_\_\_\_\_  
NPI# \_\_\_\_\_ DEA # \_\_\_\_\_  
State License# \_\_\_\_\_

**\*\* Please fax copy of insurance cards\*\*  
and this form to (434)- 455-5531**

**DIAGNOSIS: (ICD-10 required)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GOUT MEDICATIONS (Tried and Failed):**

- Allopurinol
- Colchicine
- Febuxostat
- NSAID
- Prednisone
- Sulfipyrazone
- Other: \_\_\_\_\_

**CONTRAINDICATIONS: (Patients of African or Mediterranean ancestry should be screened)**

Does the patient have G6PD deficiency?  Yes  No Date of Test: \_\_\_\_\_

**Patient must be on medication 1 week prior to first treatment with NSAIDS and/or Colchicine for at least 6 months.**

**STANDARD ORDERS**

Infuse Krystexxa (pegloticase) 8mg in NS 250ml over 2 hours every 2 weeks for 1 year. Infuse per Intravene protocol. Upon completion of Krystexxa infusion, infuse Normal Saline 20ml. Observe patient for one hour after infusion.

**Premedications:**

Methylprednisolone 125mg IV 30 minutes prior to infusion.  
Diphenhydramine 25mg -50mg PO or IV 30 minutes prior to infusion.  
Acetaminophen 650mg PO 30 minutes prior to infusion.

**LAB ORDERS:**

Serum Uric Acid Level **PRIOR** to each infusion (If after 1<sup>st</sup> infusion level is greater than 6mg/dl, hold therapy until MD contacted)

**ANAPHYLACTIC MEDS AND VITAL SIGNS MONITORING PER INTRAVENE PROTOCOL**

**Signature, prescribing MD \_\_\_\_\_ Date \_\_\_\_\_**