



# KRYSTEXXA (PEGLOTICASE) INFUSION ORDERS

## PATIENT INFORMATION

Demographics attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK**

## MEDICAL INFORMATION

**J Code: J2507**    **Diagnosis:**  Chronic Gouty Arthropathy w/tophus (tophi) (ICD-10 Code : \_\_\_\_\_)  
 Chronic Arthropathy w/o mention of tophus (tophi) (ICD-10 Code: \_\_\_\_\_)

Allergies: \_\_\_\_\_

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached
- Krystexxa Service Request Form
- Baseline Uric Acid level
- Normal Glucose-6-phosphate dehydrogenase (G6PD) attached
- It is recommended that patients discontinue oral urate-lowering medications before starting Krystexxa
- Documentation of frequency and date of flares in last 18 months: \_\_\_\_\_

**Labs:** Required labs to be drawn by:  Infusion Clinic     Referring Physician

**Lab Orders:** \_\_\_\_\_

## KRYSTEXXA ORDERS

**Krystexxa**     Dose: 8mg IV in 250mL of NS IV over 120 minutes

*\*Patient will be observed 1 hour post infusion*

**Frequency:** Every 2 weeks

**Protocol Pre-Medication Orders:** Solu-Medrol 125mg IV, Benadryl 25mg PO/IV

*\*Patient advised to take antihistamine day before infusion*

\*Patient must have Uric Acid level drawn 24-72 hours prior to each infusion

\*Patient must have Glucose-6-phosphate dehydrogenase (G6PD) deficiency screening prior to initiating therapy

**Additional Orders/Comments:**

## PHYSICIAN INFORMATION

*By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## INFUSION CENTER LOCATION

- |                                    |                                 |                                 |                                  |                                    |                                      |                                |                                     |                                      |                                    |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Austin | <input type="checkbox"/> Dallas | <input type="checkbox"/> Houston | <input type="checkbox"/> Knoxville | <input type="checkbox"/> North Hills | <input type="checkbox"/> Plano | <input type="checkbox"/> Round Rock | <input type="checkbox"/> San Antonio | <input type="checkbox"/> Stone Oak |
| P: 817.200.2530                    | P: 512.261.4800                 | P: 972.408.2777                 | P: 713.860.1755                  | P: 865-299-7525                    | P: 817.284.2700                      | P: 469-974-0565                | P: 737-443-5230                     | P: 210.366.4358                      | P: 210.485.3700                    |
| F: 817.509.0011                    | F: 512.261.4803                 | F: 469.913.6894                 | F: 713.277.7219                  | F: 865-338-5604                    | F: 817.284.2701                      | F: 469-608-2072                | F: 737-402-7698                     | F: 210.366.4896                      | F: 210.390.1738                    |

[ParagonHealthcare.com](http://ParagonHealthcare.com)

**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately. If you have received this document in error and then destroy this document immediately.