

KRYSTEXXA (PEGLOTICASE) IV INFUSION ORDER FORM

Full Name: Date of Birth:

Phone Number: Email Address:

Address:

Weight: lb/kg Allergies: ☐ NKDA ☐

Treatment Status: ☐ New ☐ Continued **Last Treatment Date:**

DIAGNOSIS (ICD-10 SELECTION)

- ☐ M1A.00 – Chronic gout, unspecified site, without tophi
- ☐ M1A.01 – Chronic gout, unspecified site, with tophi
- ☐ M1A.9xx0 – Chronic gout, unspecified, without tophi
- ☐ M1A.9xx1 – Chronic gout, unspecified, with tophi
- ☐ Other: ☐ ICD-10 CODE:

LINE USE & ACCESS

- ☐ Start PIV ☐ Access CVC ☐ Use PICC Line
- ☒ Flush per standard injection protocol

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- ☒ Kaison Infusion Center Protocol (www.kaisoninfusion.com)
- ☐ Other - please fax preferred reaction orders to (405) 237-6305

PREMEDICATION (OPTIONAL)

- ☐ Acetaminophen ☐ 1000 mg ☐ PO ☐ IV
- ☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO
- ☐ Methylprednisolone: ☐ 125 mg ☐ IV
- ☐ Cetirizine: ☐ 10 mg ☐ PO
- ☐ Other: Dose: Route:

LABORATORY MONITORING

- ☐ CBC ☐ CMP ☐ Serum uric acid (prior to each dose)
- ☐ G6PD level (required prior to first dose)
- ☐ Other:
- Frequency:** ☐ Prior to each dose ☐ Monthly ☐ Other:
- ☐ Physician office will order labs only

CLINICAL DOCUMENTATION CHECKLIST

- ☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
- ☐ Documentation of oral urate-lowering therapy failure
- ☐ Immunomodulator therapy (e.g., methotrexate): ☐ Yes ☐ No
- ☐ Other:

ORDERING PROVIDER & DEMOGRAPHICS

Name: NPI: LICENSE #:

Contact: Phone: Fax:

Email: Signature: Date: