InfuseAble Care

Patient Name
DOB
Cell Phone
Address

KRYSTEXXA (pegloticase)

Status	☐ New Therapy ☐ Order Renewal ☐ Dosage or Frequency Change
Diagnosis	☐ ICD 10 Code: M1A.___ Chronic gout ☐ ICD 10 Code: _____ Other: _____
Pertinent Medical History	Prior (Failed or Intolerant) Gout Therapy (if any): ☐ Allopurinol ☐ Febuxostat ☐ Probenecid ☐ other: _____ Has patient experienced at least 3 gout flares in previous 18 months? ☐ Y ☐ N Has patient stopped taking oral urate-lowering therapy? ☐ Y ☐ N Is patient G6PD deficient? ☐ Y ☐ N
Labs	Glucose-6-phosphate dehydrogenase (G6PD) results = _____ Date: _____ Serum Uric Acid level = _____ Date: _____ Labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician If Infusion Clinic: ☐ Serum Uric Acid level approximately 24-48 hours prior to each infusion. Hold infusion if 2 consecutive levels are above 6mg/dl. If patient misses 2 doses (4 weeks), resuming treatment must be cleared by ordering physician or therapy discontinued. ☐ Other: _____
Premeds	✓ acetaminophen (Tylenol) 1000mg PO ✓ diphenhydramine (Benadryl) 25mg IV ✓ methylprednisolone (Solu-Medrol) 100mg IV ☐ other: _____
IV Fluids	☐ NS TKO ☐ Other: _____
Medication Order	☐ Krystexxa 8mg/250ml IV every 2 weeks Refills: ☐ x 6 months ☐ x _____doses ☐ No refills; give this dose only.
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 60 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.
Additional Orders	
Physician Information	Physician Name _____ NPI _____ Office Contact _____ Phone _____ **Provider Signature:** _____ Date _____

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REQUIRED DOCUMENTATION			
o	Patient Demographics & **Insurance** Information:	- Copy of patient's insurance card – front and back	FAX to (480) 400-6121 Intake Specialist (480) 927-3800 **referral@infuseablecare.com**
o	**Clinical / Progress Notes**, supporting primary diagnosis:	- 2 most recent office notes - Medication history	
o	Most Recent **Labs**:	- CMP and CBC - Uric acid, Sed rate, G6PD results	