

Krystexxa

(peglioticase)

Infusion Order



249 Danbury Rd, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

127 Washington Ave, N. Haven, CT 06473

220 Farmington Ave, Farmington, CT 06032

Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: _____

DOB: ____/____/____ M F

Allergies: _____

Phone: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

- Recent progress Note G6PD Level Serum Uric Acid Level (*preferably 48hrs prior to each infusion*)

**It is recommended that patients are co-prescribed methotrexate 15mg PO once weekly (or equivalent DMARD) and folic acid 1mg PO daily for at least 4 weeks before starting Krystexxa and through the duration of treatment.*

PRE- MEDICATION

- Acetaminophen 1000mg PO
 Diphenhydramine 25mg PO
 Cetirizine 10mg PO
 No Pre-med

- Solu- Medrol 125mg IVP
 Solu- Cortef 100mg IVP
 Diphenhydramine 25mg IVP

Other: _____

KRYSTEXXA ORDERS / IV DOSAGE

8 mg IV every 2 weeks

Patient Weight: _____ lbs / kg

Height: _____ ft _____ in

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____