



AYSA

THERAPEUTICS INFUSION

KRYSTEXXA (PEGLOTICASE)

ORDER FORM

P: 470.395.6076 | F: 470.745.0716

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, and 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 *At Your Service Anesthesia, 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: _____ Physician Name: _____ Date: _____

Phone: _____ Fax: _____ Contact Person: _____

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