PREMIER
INFUSION CENTER

Krystexxa (pegloticase) IV Infusion Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **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:** _____

🔹 Infusion Order

☐ 8 mg IV in 250 mL 0.9% sodium chloride every 2 weeks
☐ Infuse over no less than 120 minutes
☐ Observation: 60 minutes post-infusion
☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line

☒ Flush per standard infusion protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

◆ Premedication (Recommended)

☐ Acetaminophen: ☐ 1000 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ 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
☐ Drug: _____

◆ Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____