CURBSIDE INFUSION SERVICES

Fax To: (877) 428-1627
Email To: referrals@curbsideinfusion.com
Office: (877) 428-7248

KRYSTEXXA® (PEGLOTICASE) ORDER FORM

REFERRAL STATUS

☐ New Referral ☐ Order Renewal ☐ Restart ☐ Medication/Order Change ☐ Benefits Verification Only

☐ D/C Infusion *(Medication(s) to D/C* _____*)*

PATIENT INFORMATION

PATIENT NAME:	DOB:	SEX: ☐ MALE ☐ FEMALE
ADDRESS:	PHONE #:	
WEIGHT: ☐ LBS ☐ KG HEIGHT:	EMAIL:	
ALLERGIES:		

Please check that the following are included	☐ Patient demographics and insurance attached	☐ Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached
	☐ Current Medication List	☐ G6PD
	☐ Baseline Uric Acid > 6.0mg/dl	

PHYSICIAN INFORMATION

Physician Name:	Email *(if you would like referral updates)*:
Practice Name:	Phone Number:
Office Contact:	Fax Number:

DIAGNOSIS

☐ Chronic Gouty Arthropathy w/ Tophus (tophi)	☐ Chronic Gouty Arthropathy w/out Tophus (tophi)	☐ Other:

ICD-10 CODE: **Date of last infusion/injection:**

MEDICATION ORDERS

KRYSTEXXA ORDERS: ☐ Dose: 8 mg/mL IV in 250mL bag of 0.9% or 0.45%NaCl every 2 weeks

*protect from light and use within 4 hours of mixing

PreMedications

☐ IV Corticosteroids: Methylprednisolone hydricortisone 125mg prior to each infusion.

☐ Antihistamines: Allegra 180mg; Claritin 10mg; Benadryl 25-50mg po to be taken night before infusion and/or can administer concomitant with infusion.

☐ Oral Analgesic: Tylenol 325mg 2 po prior to each infusion. ☐ Quzyttir 10mg IVSP over 1-2 min

Administration Administer IV infusion over at least 2 hr via gravity feed or volumetric infusion pump

Physician Signature _____ **Date (Order is Valid for One Year)**_____

Infusion will be administered per Curbside Infusion Venture policy and protocol.

Notes/Comments

STANDING LAB ORDERS

☐ Labs to be Drawn by Infusion Center Frequency: _____ Every Infusion ☐ Other (*please specify*) _____

☐ CMP ☐ CBC ☐ CRP ☐ ESRP ☐ HFR ☐ UA

☑ In the event of anaphylaxis and infusion reaction, the infusion should be slowed, or stopped and restarted at a slower rate. Inform patient of signs and symptoms of anaphylaxis.

☑ Standing Analylaxis Protocol