



CONSULTANTS INC
SPECIALIZING IN INFECTIOUS DISEASES

Ambulatory Infusion Center

Parkway Medical Center
3609 Park East Drive #207
Beachwood, OH 44122

216-360-0456 TEL
216-378-9824 FAX
216-360-9449 ALT FAX

INFUSION ORDERS - KRYSTEXXA (pegloticase)

Date of Referral: _____ Infusion Location: Beachwood Middleburg Heights Painesville

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ WT (kg): _____ HT (in): _____

Diagnosis: _____ ICD10 Code: _____

Patient previously treated with Krystexxa: No Yes, Dates of Treatment: _____

Previous History of Gout Treatment: _____

Uric Acid Level: _____ Date of Last Lab: _____ G6PD Deficient: No, Date of Test: _____

Allergies: _____

PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS, and and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM

KRYSTEXXA DOSING

- Krystexxa dose of 8 mg in Normal Saline 0.9% 250 milliliters IV over 2 hours every two (2) weeks X 6 months
Patient to be observed 1 hour post infusion

Premed Orders:

- Self-administered by patient: Loratadine 10 mg PO night before
 Allegra 24 hr (180 mg) PO night before
 Allegra 12 hr (60 mg) PO night before

Prior to infusion:

- Solu Cortef 200 mg IVP Acetaminophen 1000 mg PO
 Solu Medrol 125 mg IVP Benadryl 25 mg IVP or PO (circle preference)

Other: _____

Special Needs/Considerations: _____

- Ordering physician is responsible for ordering/drawing/reviewing labs
 Labs should be done 48-72 hours prior to scheduled infusion and faxed to the infusion center
(Beachwood - 216.360.9449 or Middleburg Hts - 440.243.6226)

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS