



NEW ENGLAND

Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

Phone: 207-303-3225 Fax:207-692-2473

### Krystexxa (Pegloticase) Order Form – J2507

Patient Name: _____	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____(cm)	Actual Weight: _____(kg)
Allergies: _____	

**Premedications- Administered prior to Krystexxa (highly recommended)**

- Diphenhydramine 50mg IV
- Famotidine 20mg IV
- Dexamethasone 10mg IV

**Krystexxa (Pegloticase): Gout: IV: 8 mg every 2 weeks**

- Dose: 8mg every 2 weeks

Orders valid through \_\_\_ / \_\_\_ / \_\_\_

**\*Serum uric acid levels are required prior to each dose of Krystexxa.**

**\*In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: _____
Provider Signature: _____ Date: _____
Phone: _____ Fax: _____ Pager: _____