

## Krystexxa (Pegloticase) Order Form—J2507

---

Patient Name	Middle	Last	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