NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

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)

- ◯ Diphenydramine 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