

**INFUSION & MEDICAL CENTER**

1. \_\_\_\_\_  
**Patient Name** **DOB** **Patient Phone/Cell #**

**Patient demographic and insurance information to be faxed with Infusion Order Form**

**2. Medical Information (Please complete/select appropriate diagnosis):**

Primary Diagnosis: \_\_\_\_\_ Chronic Gout ICD-10 Code: M1A.0\_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

**3. Clinical Information – Please fax with Infusion Order Form:**

- Clinical MD Notes & labs supporting primary diagnosis
- G6PD Screening Results (Qualitative)
- Medication list including current gout pharmacologic plan

|                           |
|---------------------------|
| <b>Patient</b>            |
| <b>Weight:</b> _____ lbs. |
| <b>Height:</b> _____ in.  |

Patient to discontinue urate-lowering therapies (e.g. allopurinol, febuxostat, etc.) on \_\_\_\_\_

**Infusion Center – Lab Orders: (Check order for Infusion Center to manage):**

Obtain serum uric acid level (sUA) 24-48 hours prior to each infusion

**KRYSTEXXA® (pegloticase)**

J Code: 2507

**4. Drug Order:**

**Krystexxa** 8 mg IV over 2 (two) hours via a pump

Frequency: Administer every 2 (two) weeks \_\_\_\_\_ # Refills (Recommend 11 Refills)

**Pre-Medication Orders:**

Acetaminophen 650 mg PO, Diphenhydramine 25 mg PO, and methylprednisolone 125 mg IV  
 Administered 30 min prior to infusion \*Adjust to patient's needs

Other: \_\_\_\_\_

**Adverse Drug Reaction Protocol:** Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing these services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. **Physician Signature:** \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 Dispense as written Substitution permitted

Printed Physician's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

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| <b>FAX ALL INFORMATION</b><br><b>CENTRAL FAX 803.999.1754</b><br><b>ALTERNATE FAX 803.999.1887</b> | <b>INFUSION CENTER LOCATIONS</b><br><b>COLUMBIA CHARLESTON GREENVILLE</b><br><b>CENTRAL INTAKE PHONE 803.999.1960</b> |
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