



(pegloticase)

KRYSTEXXA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Chronic Gout

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

KRYSTEXXA ORDERS

DOSAGE/FREQUENCY

8mg IV every 2 weeks

PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 125mg IV

Diphenhydramine 25mg PO

PATIENT WEIGHT

lbs.

kg

NOTES

ORDERING PROVIDER

Signature X Date _____

Provider

Phone

Fax