Rose Pharmacy
10008 Pines Blvd
Pembroke Pines, FL 33024
Phone: 954.432.8290
Fax: 844.246.3364

ROSE PHARMACY

MEDICATION ORDERS-KRYSTEXXA (PEGLOTICASE)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

DIAGNOSIS AND ICD 10 CODE	
☐ Chronic gout with Tophus	ICD 10 Code: M1A.9xx1
☐ Chronic gout without Tophus	ICD 10 Code: M1A.9XX0

REQUIRED DOCUMENTATION	
☐ This signed order form by the provider	☐ Clinical/Progress notes
☐ Patient demographics AND insurance information	☐ Labs and Tests supporting primary diagnosis
☐ Uric acid level	☐ G6PD test results
List Tried & Failed Therapies, including duration of treatment: 1) 2) 3)	

MEDICATION ORDERS	
Dosing	☐ Krystexxa 8mg IV every 2 weeks
Refills:	☐ X 6 months ☐ X 1 year ☐ _____doses

MEDICATION ORDERS
☐ Acetaminophen 650mg PO prior to Krystexxa infusion
☐ Diphenhydramine 25mg PO prior to Krystexxa infusion
☐ Methylprednisolone 40mg Slow IV Push prior to Krystexxa infusion
☐ Other:

Please note: if an infusion reaction occurs, the on-call physician will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PRESCRIBER INFORMATION		
Prescriber Name:		
		Office
Office Phone:	Office Fax:	Email:
Prescriber Signature:		Date:

Contact us with questions at: info@rosenursing.net
or call **954.432.8290**

Fax completed form and all documentation to **844.246.3364**
All information contained in this form is strictly confidential and will become part of the patient's medical record.