

KRYSTEXXA (Pegloticase) ORDER FORM

| REFERRAL TYPE | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> New Referral | <input type="checkbox"/> Order Renewal | <input type="checkbox"/> Restart | <input type="checkbox"/> Frequency Change | <input type="checkbox"/> Dosage Change |
| PREFERRED LOCATION | | | | |
| <input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815 | | |
| <input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832 | <input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702 | <input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006 | | |
| | | <input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 Fairfax, VA 22031 | | |
| PATIENT INFORMATION | | | | |
| Name: | | DOB: | Email: | |
| Address: | | Weight: | KG | LBS |
| | | | | Phone: |
| REFERRING PHYSICIAN INFORMATION | | | | |
| Name: | | | NPI: | |
| Office Contact Name: | | Phone: | Fax: | |
| Address: | | | | |
| KRYSTEXXA ORDER | | | | |
| <i>We do not accept off-label diagnoses, dosages, or frequencies.</i> | | | | |
| Dosing/Frequency: | | | | |
| <input type="checkbox"/> 8mg IV every 2 weeks | | | | |
| Diagnosis: | | | | |
| <input type="checkbox"/> M1A.09X0—Idiopathic chronic gout, multiple sites, w/o tophus (tophi) | | | | |
| <input type="checkbox"/> M1A.09X1—Idiopathic chronic gout, multiple sites, with tophus (tophi) | | | | |
| <input type="checkbox"/> Other Diagnosis: | | | ICD-10 Code (Required): | |
| Special Instructions: | | | | |
| Physicians Signature: | | | Date: <i>(Order is Valid for One Year)</i> | |
| REQUIRED DOCUMENTATION | | | | |
| Please fax the following documents and records: | | | | |
| ● Patient Demographics | | ● Copy of the patient's insurance card(s) – front and back | | |
| ● Two most recent office notes (Supporting the DX and treatment ordered) | | ● Medication History | | |
| ● Most recent labs that include values for: | | ● For continuation of treatment, include the last infusion note | | |
| ● G6PD, Uric Acid CMP and CBC | | | | |
| <i>We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.</i> | | | | |