arise infusion
THERAPY SERVICES
A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, PC

Fax To: 301-424-3590
Have a Question? Call: 240-482-3696
ariseinfo@arapc.com
https://ariseinfusion.com/

KRYSTEXXA (Pegloticase) ORDER FORM

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG LBS	Phone:

REFERRAL TYPE

☐ New Referral ☐ Order Renewal ☐ Restart ☐ Frequency Change ☐ Dosage Change

PREFERRED LOCATION

☐ 14995 Shady Grove Road | Suite 250 & 500 Rockville, MD 20850	☐ 5454 Wisconsin Avenue | Suite 600 Chevy Chase, MD 20815	☐ 12255 Prosperity Drive | Suite 200 Silver Spring, MD 20904
☐ 8270 Willow Oaks Corporate Drive | Suite 150 Fairfax, VA 22031	☐ 161 Thomas Johnson Drive | Suite 250 Frederick, MD 21702	☐ 2021 K Street, NW | Suite 300 Washington, DC 20006

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics including copy of the patient's insurance card(s) – front and back
- Two most recent office notes (Supporting the diagnosis and treatment ordered) including medication history
- Most recent labs that include values for: CMP, CBC, HBV Surface Antigen, TB screening (PPD, QFT Gold or Tspot), G6PD, Uric Acid
- For continuation of treatment, include the last infusion note
- Has the patient tried and failed Allopurinol or Febuxostat AND Probenecid YES☐ NO ☐
- List tried & failed therapies 1). 2)

For your convenience, necessary laboratory testing can be completed in our office. Kindly attach a lab order if you wish for us to perform the tests.

KRYSTEXXA ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE OR FREQUENCY

Dosing/Frequency:

☐ 8mg IV every 2 weeks

DIAGNOSIS AND ICD-10 CODE

☐ M1A.09X0—Idiopathic chronic gout, multiple sites, w/o tophus (tophi)

☐ M1A.09X1—Idiopathic chronic gout, multiple sites, with tophus (tophi)

☐ Other Diagnosis: ICD-10 Code (Required):

Special Instructions:

REFERRING PROVIDER INFORMATION

Name:	NPI:	
Office Contact Name and Emai;:	Phone:	Fax:
Address:		
Provider's Signature:	Date:	***(Order is Valid for One Year)***

After completing the benefit investigation and any prior authorizations, we will contact the patient to schedule the required consultation to review the order, verify safety, and address any questions before the infusion.