



COMPREHENSIVE SUPPORT FOR KRYSTEXXA (PEGLOTICASE) THERAPY

Patient Information

Patient Name: _____ DOB: _____

Required Documentation for Referral Processing & Insurance Approval

Include signed and completed order (MD/prescriber to complete page 1)

Include patient demographic information and insurance information

Include patient's medication list

Krystexxa Service Request form

Supporting clinical notes (H&P) to support primary diagnosis

Product information suggests the co-administration of weekly oral methotrexate 15 mg and folic acid or folinic acid supplementation. Krystexxa alone may be used in patients where methotrexate is contraindicated or not clinically appropriate. If co-administering with methotrexate, start weekly methotrexate and folic or folinic acid supplementation at least 4 weeks prior to initiating and throughout treatment with Krystexxa.

Will the patient co-administer methotrexate or other immunomodulation therapy? Yes No

If yes, which drug? _____

Documentation of frequency and date of flares in the last 18 months (either attach or document here):

Has the patient tried and failed Allopurinol/Uloric, Colchicine or Probenecid? Yes No

If yes, which drug(s)? _____

Labs attached, including:

Baseline serum uric acid (**required**)

G6PD serum level (**required**)

It is recommended that patients discontinue oral urate-lowering medications before starting Krystexxa

Other medical necessity: _____

Hy-Vee Health will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.

HY-VEEHEALTHINFUSION.COM

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately and destroy all copies if you have received this document in error.