Chronic Gout Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:
p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com
This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	Weight (lb.)	Height (in.)
☐NKDA	☐Allergies		Date
ICD-10 code (required)	ICD-10 description		
Patient Status ☐New to Therapy ☐Continuing Therapy	Uric Acid Labs Attached ☐Yes ☐No	G6PD Labs Attached ☐Yes ☐No	

PRESCRIBER INFORMATION

Ordering Prescriber	Prescriber NPI		
Practice Name	Phone	Fax	
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐ Insurance Cards ☐ History & Physical ☐ Most Recent Labs ☐ Medication List

DIAGNOSIS

J Code: J2507
M1A. - Chronic Gout (see full list of the most current codes at ChronicGoutCodes.com)
☐Yes ☐No - Does patient have a diagnosis of asymptomatic hyperuricemia or a deficiency in G6PD?
If yes, patient is not a candidate for Krystexxa.

CHRONIC GOUT TREATMENT PLAN

☐Krystexxa®
Dose: 8mg/50ml Ready to Use vial
- Registered nurse to infuse intravenously over no less than 120 minutes every 2 weeks
- Patient will be monitored by a registered nurse 2 hours post infusion

☐Other	Include dosage, frequency and any other special instructions.

☐Refill for 1 year

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

PREMEDICATION

☐ Include premedication per Pharmacy's infusion protocol.

☐ Other _____

LABORATORY ORDERS

☐ CBC every _____ ☐ Uric Acid level
☐ CMP every _____ ☐ Other

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).

The information in this form is intended only for the person(s) or entity to which it is addressed and may contain confidential or legally protected material. If you receive this information in error, please contact the sender and destroy the document(s) promptly at the direction of the sender.