Fax: 832-895-4040
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adaptIV infusion

Krystexxa (Pegloticase)

Provider Order Form rev. 4/10/2022

PATIENT INFORMATION

Referral Status *(check one)*: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Name: ____________ DOB: ____________

NKDA ☐ Allergies: ____________ Weight ______ *Please specify:* ☐ lbs ☐ kg Height: ______

Patient Status *(check one)*: ☐ New to Therapy ☐ Continuing Therapy | Last Treatment Date: ______ Next Due Date: ______

ICD-10 code (required): ____________ ICD-10 description: ____________

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

NURSING

- ☐ Provide nursing care per AdaptIV Infusion Nursing Procedures, including reaction management and post-procedure observation
- ☐ Baseline Serum Uric Acid level and date (Please provide results): ____________
- ☐ Glucose-6-phosphate dehydrogenase (G6PD) results and date (Please provide results): ____________
- ☐ Please indicate if patient is currently prescribed any immunomodulator therapy such as: methotrexate, mycophenolate, leflunomide, azathioprine, or cyclosporine: ____________
- ☐ Evidence supports the combination of Krystexxa and an immunomodulator in improving the patient's response to therapy; consider adding an immunomodulator if clinically appropriate.

RECOMMENDED PRE-MEDICATION ORDERS

The following pre-medications are recommended by the manufacturer as a standard premedication regimen.

- ☐ methylprednisolone (Solu-Medrol) ☐ 40mg ☐ 125mg IV
- ☐ diphenhydramine (Benadryl) ☐ 25mg | ☐ 50mg | ☐ PO | ☐ IV

* Patients should be pre-medicated with antihistamines and corticosteroids.

* Monitor serum uric acid levels prior to infusions. Consider ceasing treatment if levels increase above6 mg/dL, especially if 2 consecutive levels above 6 mg/dL are observed.

* Screen patients at risk for G6PD deficiency prior to starting KRYSTEXXA. Hemolysis and methemoglobinemia have been reported with KRYSTEXXA in patients with G6PD deficiency. Do not administer KRYSTEXXA to patients with G6PD deficiency.

* Observation of patients for approximately an hour post-infusion should be considered.

ADDITIONAL PRE-MEDICATION ORDERS

- ☐ acetaminophen (Tylenol) ☐ 500mg | ☐ 650mg | ☐ 1000mg PO
- ☐ cetirizine (Zyrtec) 10mg PO
- ☐ loratadine (Claritin) 10mg PO
- ☐ Other: ____________

Dose: ____________ Route: ____________

Frequency: ____________

THERAPY ADMINISTRATION

- ☐ **Pegloticase** (Krystexxa) in 250ml 0.9% sodium chloride, intravenous infusion over 120 minutes
  - Dose: 8mg
  - Route: ☐ intravenous
  - Frequency: ☐ every 2 weeks / ☐ other: ____________
  - Infuse over no less than 120 minutes
- ☐ Flush with 0.9% sodium chloride at the completion of infusion
- ☐ Patient required to stay for 60-min observation post infusion
- ☐ Refills: ☐ Zero / ☐ for 6 months/ ☐ for 12 months / ☐ ____________

  (if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

PROVIDER INFORMATION

Referral Coordinator Name: ____________ Referral Coordinator Email: ____________

Ordering Provider: ____________ Provider NPI: ____________

Referring Practice Name: ____________ Phone: ____________ Fax: ____________

Practice Address: ____________ City: ____________ State: ______ Zip Code: ______

____________ ____________ ____________

Provider Name (Print) *Provider Signature* *Date*

REQUIRED: PLEASE INCLUDE ALL REQUIRED LABS AND A COPY OF PATIENT'S INSURANCE CARD – FRONT AND BACK