

# 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 above 6 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: \_\_\_\_\_

### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_

### 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