Pegloticase (Krystexxa)

Provider Order Form rev. 9/28/2021

IVX HEALTH

PATIENT INFORMATION

Date: Patient Name: DOB:

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

☐ NKDA Allergies: Weight lbs/kg:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Next Due Date (if applicable):

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

☑ Serum Uric Acid level and date (Please provide results):
_____

☑ Glucose-6-phosphate dehydrogenase (G6PD) results and date (Please provide results):
_____

RECOMMENDED PRE-MEDICATION ORDERS

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

☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV

☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ Other: _____
Dose: _____ Route: _____
Frequency: _____

LABORATORY ORDERS

☑ Uric acid ☑ at each dose

☐ 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 is required to stay for one-hour observation period

☐ Refills: ☐ Zero / ☐ for 6 months / ☐ for 12 months / ☐ Other: _____ (if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

*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.

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

Email ivxintake@ivxhealth.com or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

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