

Pegloticase (Krystexxa)



Provider Order Form rev. 10/12/2022

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

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

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

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)
- 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.

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

SPECIAL INSTRUCTIONS

ADDITIONAL 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)

*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

FAX NUMBERS

- | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|--|--|---|---|--|---|---|--|---|--|--|
| <input type="checkbox"/> BAY AREA: 844-889-0275 | <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> DAYTONA: 386-259-6096 | <input type="checkbox"/> FT. LAUDERDALE: 754-946-2052 | <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> PALM BEACH: 561-768-9044 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> RALEIGH: 919-287-2551 | <input type="checkbox"/> SARASOTA: 941-870-6550 | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 | <input type="checkbox"/> TAMPA: 844-946-0849 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 | <input type="checkbox"/> EAST TN: 615-425-7427 |
|---|--|---|--|---|---|---|---|---|--|--|---|---|--|---|---|--|---|--|--|