

# Krystexxa (pegloticase) | Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 1. For new patients, please submit with form:

- Copy of insurance card
- Patient demographics
- History & physical
- Labs/records including G6PD deficiency screening (if indicated\*) and baseline uric acid levels

## 2. Patient Information

Male  Female Height: \_\_\_\_\_ in/cm Weight: \_\_\_\_\_ lbs/kg Allergies: \_\_\_\_\_  
 Is this the first dose?  Yes  No, date of last infusion: \_\_\_\_\_ Line type:  PIV  PICC  Port  Other

## 3. Diagnosis and Clinical Information

Primary diagnosis information:  Gout  Other: \_\_\_\_\_ ICD-10 (required): \_\_\_\_\_

Is there an immunomodulator prescribed?  Yes  No If yes, please indicate:  Methotrexate  Other \_\_\_\_\_

Is patient currently taking oral urate-lowering agents?  No  Yes . Oral urate-lowering agents should be discontinued prior to Krystexxa

### G6PD deficiency screening and/or testing results:

- Patient evaluated by provider and is **not** at risk and will **not** be tested (or tested negative)
- Patient is at risk for G6PD deficiency, and test results are:  Positive (contraindicated)  Negative

Baseline serum uric acid level: \_\_\_\_\_ mg/dL (Must be >6.0mg/dL to initiate Krystexxa)

- Uric acid levels are required to be drawn 1 to 2 days prior to each infusion, **referring provider to arrange lab draws locally**  
 Name of lab facility: \_\_\_\_\_ Phone number for lab results: \_\_\_\_\_
- Please fax results to PromptCare at 800-815-6808 as soon as available
- A single uric acid of >6.0mg/dL will require follow-up with provider, but will not post-pone next infusion

## 4. Prescription Information

|                           |   |
|---------------------------|---|
| <b>Medication</b>         | <input checked="" type="checkbox"/> <b>Krystexxa</b> (pegloticase)  |
| <b>Dosing / Frequency</b> | <input checked="" type="checkbox"/> 8mg in 250mL sodium chloride 0.9% IV every 2 weeks  |
| <b>Administration</b>     | <input checked="" type="checkbox"/> Prepare and infuse per manufacturer guidelines. Infuse over no less than 2 hours and observe patient for at least 1 hour following infusion<br><input checked="" type="checkbox"/> May infuse in patient home unless otherwise noted: _____ |
| <b>Quantity / Refills</b> | Dispense 2-week supply on all selected medications; Refill x 12 months unless otherwise specified:<br>_____<br>Dispense all medical supplies necessary for infusion   |

### 5. Additional Orders

RN to start peripheral IV or use existing CVC. RN to administer catheter flushing per PromptCare Policy and Procedure

Give standard premedications 30 minutes prior to infusion:

Solu-medrol 40 mg OR \_\_\_\_\_ mg IV

Acetaminophen 650mg PO

Antihistamine: patient may take night prior AND morning of infusion. If nothing is checked, patient/pharmacist may select from the following OTC products:

Diphenhydramine 25mg PO

Fexofenadine 60 mg  
(Allegra 12 Hour) PO

Cetirizine 10mg PO

Fexofenadine 180 mg  
(Allegra 24 Hour) PO

Loratadine 10mg PO

Other: \_\_\_\_\_

RN to instruct patient to hydrate pre/post infusion and educate on taking OTC diphenhydramine and/or acetaminophen per manufacturer dosing recommendations as needed to prevent/treat post-infusion headache.

RN to monitor patient for at least 1 hour post infusion and educate on possible side effects, allergic reactions, and when to contact physician

### 6. Adverse Reaction Orders

Standard anaphylaxis kit to be dispensed and dosed per protocol: Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), and NS IV. Additional orders: \_\_\_\_\_

### 7. Prescriber Information

Prescriber Name: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ License No.: \_\_\_\_\_

DEA No.: \_\_\_\_\_ NPI: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature (Substitution Permitted)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature (Dispense as Written)

\_\_\_\_\_  
Date