

## Krystexxa (Pegloticase) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code): \_\_\_\_\_

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

NKDA  Allergies: \_\_\_\_\_

New Therapy Order  Continuation of Therapy Date of last dose: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Pre-Medication

- Acetaminophen \_\_\_\_\_mg by  PO
- Cetirizine \_\_\_\_\_mg by  PO
- Diphenhydramine \_\_\_\_\_mg by  PO/  IVP
- Solu-Medrol \_\_\_\_\_mg by  PO/  IVP
- Solu-Cortef \_\_\_\_\_mg by  PO/  IVP
- Other: \_\_\_\_\_

### Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Uric Acid level drawn 24-72 hours prior to each infusion
- G6PD blood test
- X-rays of joint/bone destruction if available
- History of gout medication, ULT (must stop one week prior to starting Krystexxa)
- Patient must be on Methotrexate four weeks prior to starting Krystexxa
- Other: \_\_\_\_\_

### Patient Height and Weight:

Patient Height (cm): \_\_\_\_\_ Patient Weight (kg): \_\_\_\_\_

### Krystexxa Medication Order (Please select ONE):

- Intravenous Dosing (Please choose one)
  - 8 mg/kg
  - Other: \_\_\_\_\_
- Frequency (Please choose one)
  - Every 2 weeks
  - Other: \_\_\_\_\_

**Please be advised that a new Uric Acid level is required within 24-72 hours prior to each infusion. It is recommended that treatment be discontinued if levels increase to about 6mg/dL, particularly when 2 consecutive levels above 6mg/dL are observed.**

<b>Additional Instructions/Notes:</b> _____ _____ _____	<b>Patient IV Access</b> <input type="checkbox"/> PIV <input type="checkbox"/> Use patient's SL/DL PICC, flush per protocol <input type="checkbox"/> Access/deaccess patient's Port, flush per protocol *Imaging results of proper placement required for PICC/Port
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### Ordering Provider:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Best Contact Person in Office: \_\_\_\_\_ Phone: \_\_\_\_\_

**Locations:**

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400