



St. Charles Health System

Adult Ambulatory Infusion Order
Pegloticase (KRYSTEXXA)

Patient Name:
Date of Birth:

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Treatment Start Date: _____ **Allergies:** _____
Weight: _____ **kg** **Height:** _____ **cm**

REQUIRED ITEMS for all orders – necessary for insurance approval, scheduling, and patient safety

- 1. FACE SHEET with complete INSURANCE information and patient CONTACT information**
- 2. Recent VISIT NOTE to support treatment (if not available in Epic)**
- 3. LAB RESULTS for any required prescreening (if not available in Epic)**
- 4. DIAGNOSIS CODE _____**
- 5. Patient NAME and DATE OF BIRTH on EVERY page faxed**

GUIDELINES FOR ORDERING

1. Send FACE SHEET and H&P or most recent chart note.
2. Within 48 hours prior to each treatment, uric acid level must be obtained and results must be provided to the infusion clinic. Anaphylaxis reactions have occurred. Risk of an infusion reaction is increased if patient uric acid is greater than 6 mg/dL. Discontinue treatment if levels exceed 6 mg/dL for 2 consecutive levels
3. Prior to treatment initiation, Glucose-6-phosphate dehydrogenase (G6PD) serum test results must be included with these orders. Contraindication for G6PD deficiency, due to the risk of hemolysis and methemoglobinemia.
4. Discontinue use of oral antihyperuricemic agents prior to initiating and during course of therapy.
5. Gout Flares: Begin prophylaxis using nonsteroidal anti-inflammatory agents (NSAID) or colchicine, unless contraindicated, beginning at least 1 week before initiation of pegloticase and continuing for at least 6 months. An increase in gout flares is frequently observed. Gout flare-ups during treatment do not warrant discontinuation of therapy.
6. Congestive Heart Failure: Exercise caution in patients who have congestive heart failure and monitor patients closely following infusion.

LABS:

- Glucose-6-Phosphate Dehydrogenase, Routine, ONCE
- Uric Acid, Routine, ONCE, every visit

NURSING ORDERS:

1. TREATMENT PARAMETERS - Hold treatment and notify provider:
 - a. If G6PD results are not available prior to initiation
 - b. If uric acid level is not obtained within 48 hours prior to each treatment or if uric acid is greater than 6 mg/dL (Treatment should be discontinued if 2 or more consecutive uric acid levels are greater than 6 mg/dL)



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- c. If patient misses 2 consecutive treatments (4 weeks). Provider must approve continuing therapy or treatment will be discontinued
- 2. VITAL SIGNS – Monitor vital signs prior to pegloticase infusion, one hour into infusion, and at end of infusion
- 3. Monitor patient closely for infusion reactions during pegloticase infusion and for 1 hour after the infusion. Advise patient that delayed hypersensitivity reactions may occur. For patients with heart failure, exacerbations can occur. Educate patient on signs and symptoms of infusion reaction, including skin rash, redness of skin, difficulty breathing, flushing, chest discomfort, chest pain, and rash.
- 4. Explain to patient that gout flares may initially increase when starting treatment, and medications to help reduce flares may need to be taken regularly for the first few months after therapy is started. Advise patient to continue therapy even if there are flares.
- 5. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

Note to provider: Please select which medications below, if any, you would like the patient to receive prior to treatment by checking the appropriate box(s)

- acetaminophen (TYLENOL) tablet, 650 mg, oral, ONCE, every visit
- diphenhydrAMINE (BENADRYL) capsule, 50 mg, oral, ONCE, every visit.

Give either cetirizine or diphenhydrAMINE, not both.

- cetirizine (ZYRTEC) tablet, 10 mg, oral, ONCE AS NEEDED if diphenhydrAMINE is not given, every visit.

Give either cetirizine or diphenhydrAMINE, not both.

- methylPREDNISolone sodium succinate (SOLU-MEDROL), 40 mg, intravenous, ONCE, every visit.

MEDICATIONS:

pegloticase (KRYSTEXXA) 8 mg in 250 mL sodium chloride 0.9 %, intravenous, over 2 hours, ONCE, every visit

Interval:

- Every 2 weeks for ____ doses
- Every 2 weeks until discontinued

AS NEEDED MEDICATIONS:

- 1. acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or malaise from pegloticase



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- 2. diphenhydrAMINE (BENADRYL) capsule, 25 mg, oral, EVERY 4 HOURS AS NEEDED for itching from pegloticase

INFUSION MONITORING/REACTION:

Infusion Reaction. Acute Infusion and Hypersensitivity Medication Protocol will be used unless the provider selects the option below. If opting out, alternative orders must be included.

- 1. diphenhydramine 25 mg IV, AS NEEDED x1 for hypersensitivity reaction
- 2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
- 3. methylprednisolone 125 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
- 4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
- 5. sodium chloride 0.9% 1000 mL IV, 200 mL/hr, AS NEEDED x 1 dose for alteration in hemodynamic status
- 6. albuterol 2.5 mg/3 mL nebule, AS NEEDED x1 dose for hypersensitivity reaction

Opting out of standard protocol. Alternative orders are attached, or deviations are documented:

Patient will be treated at the following infusion location:

- St. Charles Outpatient Infusion Center
2500 NE Neff Road, Bend, OR 97701
Phone: (541) 706-5820 Fax: (541) 706-5825

By signing below, I represent the following:

- I am responsible for the care of the patient identified on this form
- I hold an active, unrestricted license to practice medicine
- I am acting within my scope of practice and authorized by law to order the medication described above for the patient identified on this form

ALL ITEMS BELOW MUST BE COMPLETED TO BE A VALID PRESCRIPTION

Signature: _____ License #: _____ Date: _____

Print Name: _____ Phone: _____ Fax: _____

Plan will expire 1 year after signature date at which time a new order will need to be placed