

## Pegloticase (Krystexxa®)

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVE Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

<b>Patient Name:</b> _____ <b>Patient Address:</b> _____ <b>Patient Phone Number:</b> _____ <b>Date of Birth:</b> ____/____/____ <b>Weight:</b> ____ kg <b>Height:</b> ____ cm <b>Allergies:</b> _____	<b>Primary Insurance:</b> _____ <b>Member ID:</b> _____ <b>Secondary Insurance:</b> _____ <b>Member ID:</b> _____
<b>Diagnosis</b> <input type="checkbox"/> Chronic gout with Tophus (M1A.9xx1) <input type="checkbox"/> Chronic gout without Tophus (M1A.9XX0) <input type="checkbox"/> Other Diagnosis Code (ICD-10): _____ <input type="checkbox"/> Other Indication: _____ Target start date: _____	<b>Labs (within 45 days)</b> Prior to start of therapy <input type="checkbox"/> Glucose-6-phosphate dehydrogenase <input type="checkbox"/> Uric acid <input type="checkbox"/> Other: _____
<b>Hold and notify provider:</b> G6PD positive result; Uric acid above 6mg/dL on two consecutive occasions	
<b>Pegloticase (Krystexxa) 8mg IVPB over 120 minutes in sodium chloride 0.9% 250 mL</b>  Frequency: <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Other: _____	
<b>Nursing order: Observe patient for 1 hour post completion of infusion</b>	
<b>Pre-Medications and Pre-Protocol</b> (ordered at physician discretion)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Acetaminophen 650 mg PO once  <input type="checkbox"/> Loratadine 10 mg PO once  <input checked="" type="checkbox"/> Diphenhydramine once  <input checked="" type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg  <input checked="" type="checkbox"/> PO <input type="checkbox"/> IV  <input checked="" type="checkbox"/> Famotidine 20 mg IV once  <input checked="" type="checkbox"/> Hydrocortisone 100 mg IV once  <input type="checkbox"/> Methylprednisolone 125 mg IVP once  <input type="checkbox"/> Other: _____           </div> <div style="width: 45%;"> <b>Hydration</b>  <input type="checkbox"/> LR  <input type="checkbox"/> Sodium Chloride 0.9%  <input type="checkbox"/> Other: _____             _____ mL at _____ mL/hr  <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> Following           </div> </div>

An Outpatient Department of Trinity Health Oakland  
9400 Village Place Blvd, Brighton, MI 48116-2084  
Phone: 810-844-7373  
Fax: 810-844-7366

<b>Flushing Protocol</b> <i>as needed for line care</i>	<input type="checkbox"/> <b>Sodium Chloride 0.9%</b> <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL	<b>Heparin 100 Units/mL</b> <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL
<b>Hypersensitivity Panel</b> Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> <li>• <b>Sodium chloride</b> 0.9% bolus 500 mL once as needed for hypotensive management (SBP &lt;90mmHg)</li> <li>• <b>Acetaminophen</b> 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping</li> <li>• <b>Albuterol</b> 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses</li> <li>• <b>Albuterol HFA</b> inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea</li> <li>• <b>Epinephrine</b> injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses</li> <li>• <b>Famotidine</b> injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure</li> <li>• <b>Diphenhydramine</b> injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom</li> <li>• <b>Diphenhydramine</b> injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure</li> <li>• <b>Hydrocortisone</b> sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure</li> </ul>	
<div> <div> Provider Name: _____ </div> <div> Provider Signature: _____ </div> </div> <div> <div> Attending Physician Name: _____ </div> <div> Provider NPI: _____ </div> </div> <div> <div> Office Phone Number: _____ </div> <div> Office Fax Number: _____ </div> </div> <p><i>Note: This order is valid for 12 months from date of physician signature.</i></p>		