Pegloticase (Krystexxa)

Provider Order Form

IVX HEALTH | Precisionhc clinically advanced infusion care

PATIENT INFORMATION

Date: Patient Name: DOB:

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

☐ NKDA Allergies: Weight lbs/kg:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Next Due Date (if applicable):

PROVIDER INFORMATION

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Provide nursing care per IVX Standard Nursing Procedures, including reaction management and post-infusion observation

☑ Serum Uric Acid level and date (Please provide results): _____

☑ Glucose-6-phosphate dehydrogenase (G6PD) results and date (Please provide results): _____

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV

☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV

☐ Other: _____

Dose: _____ Route: _____

Frequency: _____

SPECIAL INSTRUCTIONS

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 post infusion

☐ 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 and consider discontinuing treatment if levels increase to above 6 mg/dL, particularly when 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.

Ordering Provider: Initial here _____ and proceed to the next page.

ADULT REACTION MANAGEMENT PROTOCOL

☑ Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

☑ If reaction occurs:

- If indicated, stop infusion.
- Maintain/establish vascular access.
- IVX Health clinicians have the following PRN medications available for the following reactions.
  - Headache, pain, fever >100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
  - Rhinitis, allergies, hives, pruritis and other nonspecific symptoms of allergic reaction - Loratadine 10mg PO or Diphenhydramine 25-50mg PO or IV
  - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
  - Severe Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
  - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 500ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
  - Hypertension (>30 mmHg increase from baseline or >180 mmHg SBP): Clonidine 0.1mg and wait 45 minutes, may administer Amlodipine 5mg if hypertension persists
  - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep Spo2 >92%.
  - Famotidine 20mg IV- Refractory to other treatments given
  - Solumedrol 125mg IV- Refractory to other treatments given.
- When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
- Notify referring provider as clinically appropriate and follow clinical escalation protocol.

☑ **Severe allergic/anaphylactic reaction:**

- If symptoms are rapidly progressing or continuing after administration of prn medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension).
  - Call 911.
  - Initiate basic life support as needed.
  - Bring the **AED** to the patient (Attach pads if indicated).
  - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
  - Place patient in recumbent position, elevate lower extremities.
  - **Oxygen**- administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
  - **IV Fluids**- Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
  - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
  - Administer **methylprednisolone** 125mg IVP, if not previously given.
  - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
  - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

Patient Name _____ **Patient Date of Birth** _____

Provider Name (Print) _____

Provider Signature _____ **Date** _____

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Precision is now a part of IVX Health. To refer to a Precision center, fax to 888-615-1445: ☐ Donelson ☐ Cool Springs ☐ Clarksville ☐ Murfreesboro ☐ Knoxville ☐ Chattanooga ☐ Morristown ☐ Collierville ☐ Jackson ☐ Memphis ☐ Lowell, AR

To refer to IVX, email ivxintake@ivxhealth.com or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

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