RED RIVER HEALTH
Ambulatory Infusion Clinic

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KRYSTEXXA (pegloticase) Infusion Orders

Patient Name: DOB: ☐ M ☐ F

☐ NKDA Allergies:

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider: Provider NPI:

Practice Phone: Practice Fax:

Diagnosis *(please provide ICD-10 code)*:

☐ _____ Chronic Gout ☐ _____ _____ *(other)*

Immunomodulator Prescribed: ☐ Methotrexate ☐ Other: _____

Pre-Medication:

☑ **Protocol**: Diphenhydramine 25mg PO, Tylenol 1000mg PO and Solu-Medrol 125mg IVP prior to infusion

☐ Other: _____
alternative premeds can be administered if ordered by referring provider

Required Documents:

☑ Patient Demographic Sheet

☑ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*

☑ Normal Glucose-6 phosphate dehydrogenase (G6PD) **patient must have G6PD deficiency screening prior to initiating therapy* (please attach)*

☑ Baseline Uric Acid level: _____

KRYSTEXXA ORDERS:

Dosing/Frequency: ☑ Mix in 250 ml 0.9% sodium chloride, administer IV over 2 hours, with 1 hour post-infusion observation period
☑ 8mg IV every 2 weeks

Refills: _____ *(if not indicated, Rx will expire one year from date signed)*

Labs: ☐ Uric Acid Level every 2 weeks **Patients must have uric acid levels drawn 24-72 hours prior to each infusion. Red River Health will send order to preferred lab and manage lab results with referring provider. It is recommended that treatment be discontinued if levels increase to above 6 mg/dL, particularly when 2 consecutive levels above 6 mg/dL are observed.*

Red River Health Standing Orders:

☑ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. **Copy can be provided per request.*

Ordering Provider Signature: Date: