NOTE: MUST COORDINATE ORDERING OF MEDICATION WITH THE PHARMACY DEPARTMENT.
TURNAROUND TIME TO OBTAIN PEGLOTICASE (KRYSTEXXA) IS 24-48 HOURS.
FOR OUTPATIENT USE AND PRESCRIBED ONLY BY NEPHROLOGISTS OR RHEUMATOLOGISTS.

1. ALLERGIES/REACTIONS:

2. DIAGNOSIS/ICD-CM CODE(S)  □ 274.00  □ 274.03  □ ________________________________
   ☑ Chronic gout refractory to conventional therapy

   Indications and criteria for use of pegloticase (Krystexxa) as third line therapy:
   ☑ Documented failure or allergic reactions to allopurinol or febuxostat (Uloric)
   ☑ Uric acid above 6 mg/dL for 3 months or longer with recurrent gout attacks despite allopurinol and Febuxostat (Uloric)
   ☑ Recommend stopping allopurinol or febuxostat (Uloric) one week prior to infusion. If not stopped, confirm use of current medication and dosage ________________________________
   ☑ Total of 3 pegloticase (Krystexxa) doses on current order set; provider to re-evaluate patient before ordering additional doses generating a new order

3. Height: ______ cm   Weight ________ kg

4. Recommend use of the following prophylaxis medications for gout flares starting at least one week prior to pegloticase (Krystexxa) and continuation for the duration of therapy:
   □ Colchicine
   □ NSAIDS (Non-steroidal Anti-inflammatory Drugs)
   □ Prednisone
   □ Other________________________________________

5. Caution use with patients who have a history of Heart Failure (HF). If a patient has a history of HF, nurse is to assess and monitor patient for exacerbation of HF and notify physician of changes.

6. LABS: Pegloticase (Krystexxa) is contraindicated for patients with Glucose-6 Phosphate Dehydrogenase deficiency (G6PD).
   ☑ Baseline labs prior to the first infusion within 2 weeks of treatment: G6PD, uric acid, creatinine, hemogram
   ☑ Subsequent treatments: Draw uric acid level on day of treatment prior to infusion doses (do not have to wait for result before infusion) and fax result to physician.

FDA/REMS recommends:
1. Therapy should be discontinued in patients who have a moderate to severe infusion reaction
2. Consider discontinuation of therapy in those who fail to achieve a serum uric acid (SUA) less than 6 mg/dL after 2 consecutive infusions

Physician initial: ____________________________
7. **PEGLOTICASE (Krystexxa):**
   - 8 mg IV infuse over at least 2 hours every 2 weeks, for a total of **three** doses

**OTHER MEDICATIONS:**

**Pre-meds:**
- Loratidine (Claritin) 10 mg PO 30 minutes before treatment. **If patient unable to take** loratidine (Claritin), administer diphenhydramine (Benadryl) 50 mg PO.
- Acetaminophen 1,000 mg PO 30 minutes prior to infusion unless history of adverse reaction reported by patient or documented by provider in which case void order for acetaminophen with no replacement

**LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY**

- Prednisone 50 mg PO 30 minutes prior to infusion
- OR
- Methylprednisolone (SoluMedrol) 40 mg IV immediately prior to infusion
- Other: _____________________________
- **Epinephrine pen with patient on arrival for treatment**
- Initiate drug Related Hypersensitivity Orders #774 for infusion reactions
- Nurse may initiate Central Venous Access Device (CVAD) management per nursing protocol 910.00
- Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858
- Nurse may utilize local anesthetic for Central Venous Access Device (CVAD) access per nursing protocol #788

8. **VITAL SIGNS**
   - Pre-infusion, 15 minutes after start of infusion, then every 30 minutes during, and one hour after completion of dose
   - Call physician if:
     - Systolic blood pressure less than ________ mmHg
     - Pulse greater than ____________________
     - Temperature greater than ________ °C

9. **PATIENT EDUCATION:**
   - Medication guide for pegloticase (Krystexxa) must be provided to the patient at the initiation of therapy and at every subsequent dose
   - Instruct patient that gout flares may increase during the first few months of therapy
   - Instruct patient on use of epinephrine pen for potential anaphylaxis after treatment

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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**DATE** <br> **TIME** <br> **PHYSICIAN’S SIGNATURE**

Another brand of drug, identical in form and content, may be dispensed unless checked. □