**Pegloticase (Krystexxa®) Infusion Orders**

**Diagnosis:**
- [ ] M1A.9XX0 chronic gout, with tophi
- [ ] M1A.9XX1 chronic gout, without tophi
- [ ] Other: ______________________ (ICD-10 code and description)

**Pre-treatment requirements have been met** (documentation must be attached):
- [ ] Negative G6PD deficiency screening  [Krystexxa contraindicated in setting of G6PD deficiency]
- [ ] Baseline uric acid level: __________________________ Date: __________

**Immunomodulator Co-Therapy*  Date immunomodulator started:**
- [ ] Methotrexate 15 mg PO weekly with folic acid supplementation
- [ ] Other: __________________________
- [ ] N/A; Krystexxa monotherapy

*Shown to improve efficacy and reduce immunogenicity when initiated at least 4 weeks prior to initiating Krystexxa.

**Pre-infusion Orders:**
- [x] Due to increased risk of anaphylaxis, hold infusion pending provider notification if:
  - Uric acid level greater than 6 mg/dL; or,
  - Patient reports ongoing use of urate-lowering agents (e.g., allopurinol, febuxostat, probenecid);
- [x] Obtain vital signs at baseline and monitor every least every 30 minutes until infusion complete.
- [x] If infusion-related reaction occurs, stop infusion, monitor patient and treat per orders/protocol as clinically indicated.

**Lab Orders:**  [x] Obtain serum uric acid level 24-48 hrs prior to each infusion.

**Pre-medications:** (Prescriber must select one option within each set of brackets for each medication selected):
- [ ] acetaminophen  
  - [ ] 500 mg  
  - [ ] 650 mg  
  - [ ] 1000 mg  
  - PO  
  - once [ ] 30  [ ] 60 min prior to infusion
- [ ] methylprednisolone  
  - [ ] 40 mg  
  - [ ] 125 mg  
  - [ ] _____ mg  
  - IVP  
  - once [ ] 30  [ ] 60 min prior to infusion
- [ ] hydrocortisone  
  - [ ] 100 mg  
  - [ ] 200 mg  
  - [ ] _____ mg  
  - IVP  
  - once [ ] 30  [ ] 60 min prior to infusion
- [ ] cetirizine  
  - [ ] 10 mg  
  - [ ] --  
  - [ ] _____ mg  
  - [ ] IVP  [ ] PO  
  - once [ ] 30  [ ] 60 min prior to infusion
- [ ] diphenhydramine  
  - [ ] 25 mg  
  - [ ] 50 mg  
  - [ ] _____ mg  
  - [ ] IVP  [ ] PO  
  - once [ ] 30  [ ] 60 min prior to infusion
- [ ] fexofenadine  
  - [ ] 180 mg  
  - [ ] --  
  - [ ] _____ mg  
  - PO  
  - once [ ] 30  [ ] 60 min prior to infusion
- [ ] loratadine  
  - [ ] 10 mg  
  - [ ] --  
  - [ ] _____ mg  
  - PO  
  - once [ ] 30  [ ] 60 min prior to infusion

**Medication:**  [x] Administer **Krystexxa 8 mg** in **250 ml 0.9% sodium chloride** intravenously over at least **120 minutes**.

**Frequency:**  [ ] Every 2 weeks

**Post-Infusion Orders:**  [x] Monitor patient for **60 minutes** following infusion to assess for hypersensitivity/adverse reaction.
- [x] Educate patient/caregiver that flares may occur during the first six months of therapy and encourage adherence to prophylactic treatment (e.g., colchicine or NSAID) as prescribed.
- [x] Fax treatment notes to provider at number below

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Prescriber name (print): __________________________ Fax: __________________________

Prescriber signature: __________________________ Date: __________

Reviewed 7/19/22