

Pegloticase (Krystexxa) Every 2 weeks

Pegloticase (KRYSTEXXA) 8 mg every 2 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
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Provider Communication

☒ Provider communication Every 14 days Until discontinued

Until discontinued Starting when released Until Specified

Within 48 hours prior to each treatment, uric acid level must be obtained and results must be provided to the infusion clinic. Anaphylaxis reactions have occurred. Risk of an infusion reaction is increased if patient uric acid is greater than 6mg/dL. Discontinue treatment if levels exceed 6 mg/dL for 2 consecutive levels.

Contraindication for G6PD deficiency, due to the risk of hemolysis and methemoglobinemia.

Discontinue use of oral antihyperuricemic agents prior to initiating and during course of therapy.

Gout flare: Begin prophylaxis using non steroidal anti-inflammatory agents (NSAID) or colchicine, unless contraindicated, beginning at least 1 week before initiation of pegloticase and continuing for at least 6 months. An increase in gout flares is frequently observed. Gout flare-ups during treatment do not warrant discontinuation of therapy.

Congestive Heart Failure: Exercise caution in patients who have congestive heart failure and monitor patients closely following infusion.

Labs

☒ AH OP LABS - GLUCOSE-6-PHOSPHATE (G6PD)

☒ Glucose 6 Phosphate Dehydrogenase Once 1 treatment

Status: Once, Expected: S, Lab Collect, Blood, Venous, Blood

☒ AH OP LABS - URIC ACID

☒ Uric acid Every 14 days Until discontinued

Status: Once, Expected: S, Lab Collect, Blood, Venous, Blood

Nursing Orders

☒ Treatment conditions Every 14 days Until discontinued

Until discontinued Starting when released Until Specified

Hold treatment and notify provider:

If G6PD results are not available prior to first infusion.

If uric acid level is not obtained within 48 hours prior to each treatment or if uric acid is greater than 6 mg/dL (Discontinue treatment if levels exceed 6 mg/dL, particularly when 2 consecutive levels above 6 mg/dL occurs.)

	Interval	Defer Until	Duration
If patient misses 2 consecutive treatments (4 weeks). Provider must approve continuing therapy or treatment will be discontinued			
☒ Nursing communication	Every 14 days		Until discontinued
Monitor vital signs prior to pegloticase infusion, on hour into infusion, and at end of infusion.			
Monitor patient closely for infusion reactions during infusion and for 1 hour after the infusion.			
Pre-Medications			
☒ acetaminophen (Tylenol) tablet 650 mg	Every 14 days		Until discontinued
650 mg, oral, Once, Starting at treatment start time			
☒ diphenhydrAMINE (BENADryl) 50 mg	Every 14 days		Until discontinued
50 mg, oral, Once, Starting at treatment start time			
Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydrAMINE, NOT both.			
☒ loratadine (Claritin) tablet 10 mg	Every 14 days		Until discontinued
10 mg, oral, Once as needed, allergies, if diphenhydramine is not given, Starting at treatment start time, Until Discontinued			
Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydrAMINE, NOT both.			
☒ methylPREDNISolone sod suc (PF) (SOLU-Medrol) injection 40 mg	Every 14 days		Until discontinued
40 mg, intravenous, Administer over: 2 Minutes, Once, Starting at treatment start time			
Therapeutic Medications			
☒ pegloticase (Krystexxa) IVPB 8 mg	Every 14 days		Until discontinued
8 mg, intravenous, Administer over: 2 Hours, Once, Starting when released			
Medications			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
650 mg, oral, Once as needed, headaches, fever, chills, or malaise, Starting when released, Until Discontinued			
☒ diphenhydrAMINE (BENADryl) 25 mg	PRN		Until discontinued
25 mg, oral, Once as needed, itching - 1st line, rash, Starting when released, Until Discontinued			
Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydramine, not both.			
☒ loratadine (Claritin) tablet 10 mg	PRN		Until discontinued
10 mg, oral, Once as needed, For itching or rash if diphenhydramine is not given, Starting when released, Until Discontinued			
Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.			
Emergency Medications			
☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		Until discontinued
STAT, Every 15 min Starting when released			
If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	PRN		Until discontinued
Once Starting when released			
If hypersensitivity reaction occurs:			
- Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible			
- Start 2 liters oxygen per nasal cannula and maintain airway			
- Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion	PRN		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued

	Interval	Defer Until	Duration
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	PRN		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 14 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 180 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**