MRN: _____

DOB: _____

Guidelines for Prescribing KRYSTEXXA ® (pegloticase injection)

(Required documentation with all initial referrals)

Patient Name: _____ Referral Date: _____

____ Include signed and completed PLAN of TREATMENT (Physician must complete sections 1-6)

(Infusion order forms and Standard Adverse Reactions orders are available at. www.carolinanephrology.com)

____ Include patient demographic information and insurance information (insurance cards as available)

____ Supporting clinical physician notes to include any past attempts and/or failed therapies to include xanthine oxidase inhibitors, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.

- KRYSTEXXA ® (pegloticase) is a PEGylated uric acid specific enzyme indicated for the treatment of chronic gout in adult patients that are refractory to conventional therapy. Limitations of Use: not recommended for the treatment of asymptomatic hyperuricemia.

____ Other as requested: _____

Pre-Screening:

____ Baseline Serum Uric Acid Level

____ G6PD Serum Level (Treatment contraindicated in Glucose-6-phosphate dehydrogenase deficient patients)

____ Please specify or circle is the patient is ordered any prophylaxis gout flare protocol; including: Colcrys ® (colchicine), oral NSAIDs, and/or corticosteroid treatment.

(Product information suggested initiating 1 week prior to start of therapy and for 6 months, unless medically contraindicated)

** Warnings / Precautions: **Anaphylaxis and Infusion Reactions**: Anaphylaxis may occur with any infusion, including the first infusion, and generally manifests within 2 hours of the infusion. However, delayed-type hypersensitivity reactions have also been reported. KRYSTEXXA ® should be administered in healthcare settings and by healthcare providers prepared to manage Anaphylaxis. Patients should be premedicated with antihistamines and corticosteroids. Patients should be closely monitored for an appropriate period of time for anaphylaxis after administration. Monitor patients closely for signs of infusion reactions. In the event of an infusion reaction, the infusion should be slowed or stopped and restarted at a slower rate. If a severe infusion reaction occurs, discontinue infusion and institute treatment as needed. The risk of infusion reaction is higher in patients who have lost therapeutic response. **Gout Flares**: An increase in gout flares is frequently observed upon initiation of anti-hyperuricemic therapy. If a gout flare occurs during treatment, KRYSTEXXA ® need not be discontinued. *Gout Flare prophylaxis (i.e., non-steroidal anti-inflammatory drugs (NSAIDs) or colchicine upon initiation of treatment) is recommended or at least the first 6 months of therapy unless medically contraindicated or not tolerated.* **Congestive Heart Failure:** KRYSTEXXA ® has not been formally studied in patients with congestive heart failure, but some patients in clinical trials experienced exacerbation. Exercise caution when using KRYSTEXXA 9r) in patients who have congestive heart failure and monitor patients closely following infusion. **Pregnancy Category C**: * See full prescribing information.

Carolina Nephrology, PA will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-864-271-2147 or call 1-864-271-1844