

CODING AT A GLANCE

DRUGS AND BIOLOGICS	NDC	10-digit	75987-080-10:	KRYSTEXXA® (pegloticase) 1 vial = 8 mg = 1 liquid mL
		11-digit	75987-0080-10:	
	HCPCS	J2507: Injection, pegloticase, 1 mg (x8) 8 mg dose does not vary		
		J2930: Injection, methylprednisolone sodium succinate, up to 125 mg		
J1700: Injection, hydrocortisone acetate, up to 25 mg J1710: Injection, hydrocortisone sodium phosphate, up to 50 mg J1720: Injection, hydrocortisone sodium succinate, up to 100 mg				
PROFESSIONAL SERVICES	CPT	96365: Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); initial infusion, up to 1 hour		
		+96366: Each additional hour (list separately in addition to code for primary procedure). Add-on code, cannot be used without code 96365		
		96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		
		+96415: Each additional hour (list separately in addition to code for primary procedure). Add-on code, cannot be used without code 96413		
		99211 to 99215: Office or other outpatient visit for the evaluation and management of an established patient		
		96360 to 96361: Hydration		
HOSPITAL SERVICES AND SUPPLIES	Laboratory CPT	82955: G6PD deficiency* 84550: Uric acid (sUA)		
	ICD-10-CM Procedure	99.29: Injection or infusion of other therapeutic or prophylactic		
HOSPITAL SERVICES AND SUPPLIES	Revenue Codes	0250: Pharmacy, no detailed coding		
		0260: Intravenous therapy		
		0510: Clinic visit		
		0636: Pharmacy with detailed coding (requires HCPCS)		

*G6PD deficiency is an abnormally low level of glucose-6-phosphate dehydrogenase. Patients of African, Mediterranean, and Southern Asian ancestry have a higher risk of deficiency.¹

Screen patients for G6PD deficiency prior to starting KRYSTEXXA. Hemolysis and methemoglobinemia have been reported with KRYSTEXXA in patients with G6PD deficiency. Do not administer KRYSTEXXA to these patients.

This coding information may assist you as you complete payer forms. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Horizon Pharma does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Please see Important Safety Information on following page and click for [Full Prescribing Information](#), including Boxed Warning.



INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATIONS AND USAGE

KRYSTEXXA® (pegloticase) is indicated for the treatment of chronic gout in adult patients who have failed to normalize serum uric acid and whose signs and symptoms are inadequately controlled with xanthine oxidase inhibitors at the maximum medically appropriate dose or for whom these drugs are contraindicated.

Important Limitations of Use: KRYSTEXXA is not recommended for the treatment of asymptomatic hyperuricemia.

IMPORTANT SAFETY INFORMATION

WARNING: ANAPHYLAXIS AND INFUSION REACTIONS

Anaphylaxis and infusion reactions have been reported to occur during and after administration of KRYSTEXXA. Anaphylaxis may occur with any infusion, including a 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 and infusion reactions. Patients should be premedicated with antihistamines and corticosteroids. Patients should be closely monitored for an appropriate period of time for anaphylaxis after administration of KRYSTEXXA. Monitor serum uric acid levels prior to infusions and consider discontinuing treatment if levels increase to above 6 mg/dL, particularly when 2 consecutive levels above 6 mg/dL are observed.

The risk of anaphylaxis and infusion reactions is higher in patients who have lost therapeutic response.

Concomitant use of KRYSTEXXA and oral urate-lowering agents may blunt the rise of sUA levels. Patients should discontinue oral urate-lowering agents and not institute therapy with oral urate-lowering agents while taking KRYSTEXXA.

In the event of anaphylaxis or infusion reaction, the infusion should be slowed, or stopped and restarted at a slower rate.

Inform patients of the symptoms and signs of anaphylaxis, and instruct them to seek immediate medical care should anaphylaxis occur after discharge from the healthcare setting.

CONTRAINDICATIONS: G6PD DEFICIENCY ASSOCIATED HEMOLYSIS AND METHEMOGLOBINEMIA

Screen patients for G6PD deficiency prior to starting KRYSTEXXA. Hemolysis and methemoglobinemia have been reported with KRYSTEXXA in patients with G6PD deficiency. Do not administer KRYSTEXXA to these patients.

GOUT FLARES

An increase in gout flares is frequently observed upon initiation of anti-hyperuricemic therapy, including treatment with KRYSTEXXA. If a gout flare occurs during treatment, KRYSTEXXA need not be discontinued. Gout flare prophylaxis with a non-steroidal anti-inflammatory drug (NSAID) or colchicine is recommended starting at least 1 week before initiation of KRYSTEXXA therapy and lasting at least 6 months, unless medically contraindicated or not tolerated.

CONGESTIVE HEART FAILURE

KRYSTEXXA has not been studied in patients with congestive heart failure, but some patients in the clinical trials experienced exacerbation. Exercise caution when using KRYSTEXXA in patients who have congestive heart failure and monitor patients closely following infusion.

ADVERSE REACTIONS

The most commonly reported adverse reactions in clinical trials with KRYSTEXXA are gout flares, infusion reactions, nausea, contusion or ecchymosis, nasopharyngitis, constipation, chest pain, anaphylaxis and vomiting.

To report SUSPECTED ADVERSE REACTIONS, contact Horizon Pharma Rheumatology LLC at 1-866-479-6742 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see [Full Prescribing Information](#), including **Boxed Warning**.

Reference: 1. KRYSTEXXA [prescribing information]. Horizon Pharma Rheumatology LLC.



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