



Horizon Patient Services:
SUPPORT OPTIONS TO HELP YOU AND YOUR PATIENTS

Horizon Patient Services include a wide range of support tailored to meet the individual needs of your practice and your patients throughout their treatment journey.

Financial Assistance:

• Horizon Therapeutics can reimburse your eligible patients while on therapy. This program can cover:

- Deductible amount
- Co-pays associated with medication
- Co-insurance
- Co-pays associated with IV infusions
- Out-of-pocket co-pay



Your patient's digital card will look like this!

*Please see full Terms and Conditions on the following page.

Please see Important Safety Information on page 3 and click for [Full Prescribing Information](#), including Boxed Warning.



Patient Support:

- Make sure patients have everything they need to begin treatment
- Check in with your patients prior to each infusion and send appointment reminders
- Connect with a real KRYSTEXXA patient as part of our Peer Mentor Program



Infusion Logistics Assistance:

- Provide alternative site of care coordination, if needed
- Help schedule and provide transportation options
- Assist with reimbursement related to travel costs or sUA appointments



Insurance Benefits Investigation:

- Help in conducting benefits investigations
- Provide guidance for prior authorization, medical exception, or appeal, should coverage be denied
- Determine coding and billing requirements



ACCESS TO THESE SERVICES FOR YOUR PATIENTS IS SIMPLE.

[Click here](#) to fill out and submit a Patient Enrollment Form (PEF)

Terms and Conditions:

Offer cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription. Not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs (including state prescription drug programs). Offer good only in the United States at participating specialty pharmacies or sites of care. Offer not valid where otherwise prohibited by law, for example by applicable state law prohibiting co-pay cards. Horizon Therapeutics reserves the right to rescind, revoke, or amend offer without notice. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. This card is not insurance and is not intended to substitute for insurance. Participating pharmacy or health care provider: by using this co-pay program, you acknowledge and confirm that the patient is not insured by a federal healthcare program and meets the eligibility criteria set forth in the terms and conditions. Patients: by enrolling in this co-pay program, you acknowledge and confirm that you meet the eligibility requirements set forth in the terms and conditions. Patients must be 18 or older.

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

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.

Please click for [Full Prescribing Information, including Boxed Warning](#).



KRYSTEXXA, HORIZON PATIENT SERVICES, and the HORIZON logo are trademarks owned by or licensed to Horizon. All other trademarks are the property of their respective owners.
© 2020 Horizon Therapeutics plc P-KRY-01557 08/20

