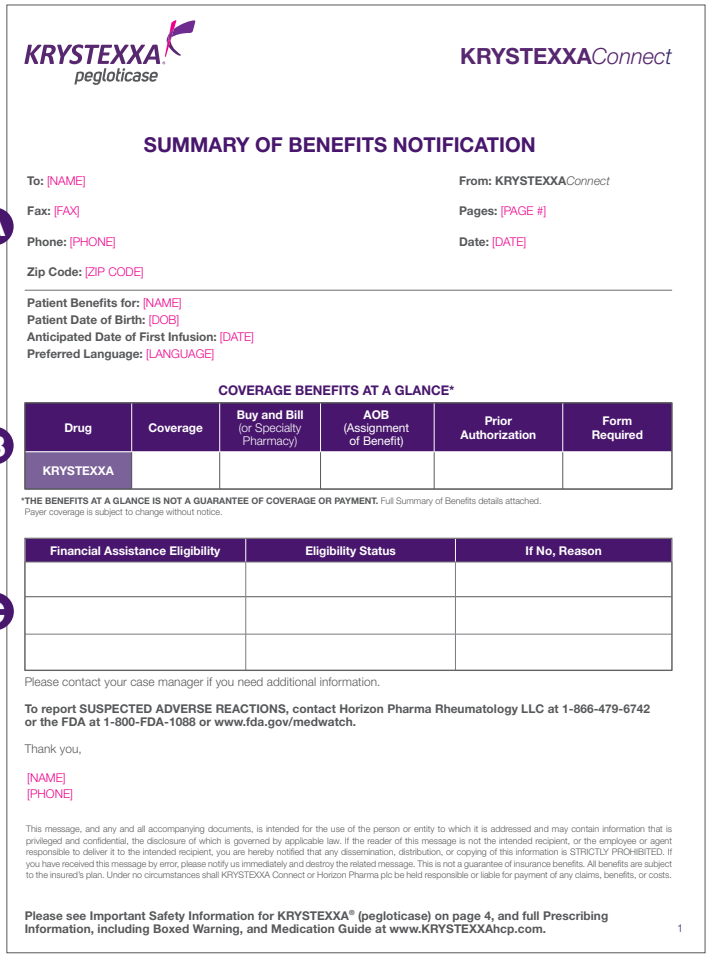
SUMMARY OF BENEFITS INSTRUCTION FORM

Once KRYSTEXXA*Connect* verifies a patient's insurance coverage, you will receive a Summary of Benefits within 2 business days. This example outlines the information you can expect to receive.

- **A** Patient information
- **B** Coverage benefits overview
- **C** Summary of financial assistance eligibility

For more information, please call **1-888-KRYSTEXXA** (1-888-579-7839), Monday to Friday, 8 AM to 8 PM ET, or visit us at **www.krystexxa.com/savings-support**.



KRYSTEXXA® pegloticase

KRYSTEXXA*Connect*

SUMMARY OF BENEFITS NOTIFICATION

A

To: [NAME]
Fax: [FAX]
Phone: [PHONE]
Zip Code: [ZIP CODE]

From: KRYSTEXXA*Connect*
Pages: [PAGE #]
Date: [DATE]

Patient Benefits for: [NAME]
Patient Date of Birth: [DOB]
Anticipated Date of First Infusion: [DATE]
Preferred Language: [LANGUAGE]

COVERAGE BENEFITS AT A GLANCE*

B

Drug	Coverage	Buy and Bill (or Specialty Pharmacy)	AOB (Assignment of Benefit)	Prior Authorization	Form Required
KRYSTEXXA					

***THE BENEFITS AT A GLANCE IS NOT A GUARANTEE OF COVERAGE OR PAYMENT.** Full Summary of Benefits details attached. Payer coverage is subject to change without notice.

C

Financial Assistance Eligibility	Eligibility Status	If No, Reason

Please contact your case manager if you need additional information.

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.

Thank you,

[NAME]
[PHONE]

This message, and any and all accompanying documents, is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately and destroy the related message. This is not a guarantee of insurance benefits. All benefits are subject to the insured's plan. Under no circumstances shall KRYSTEXXA Connect or Horizon Pharma plc be held responsible or liable for payment of any claims, benefits, or costs.

Please see Important Safety Information for KRYSTEXXA® (pegloticase) on page 4, and full Prescribing Information, including Boxed Warning, and Medication Guide at www.KRYSTEXXAhcp.com. 1

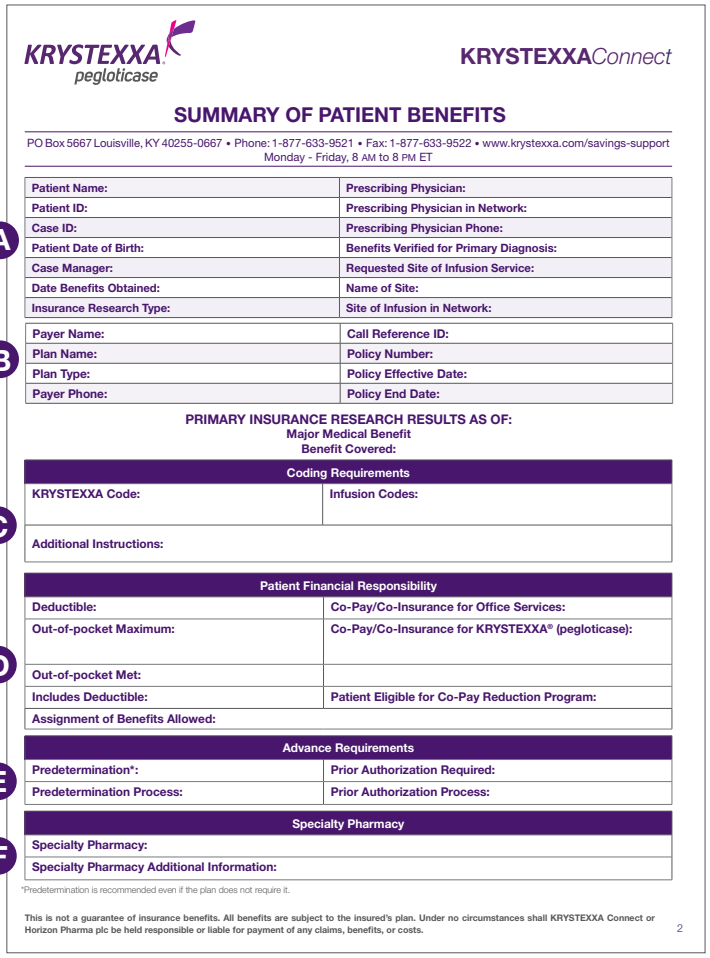
Please see Important Safety Information on page 3 and click for Prescribing Information, including Boxed Warning, and Medication Guide.

KRYSTEXXA® pegloticase

SUMMARY OF BENEFITS INSTRUCTION FORM (cont'd)

- **A** Patient information
- **B** Payer and policy information
- **C** Coding requirements
- **D** Patient out-of-pocket costs
- **E** Details on predetermination and whether a prior authorization was required
- **F** Specialty pharmacy details, if applicable

For more information, please call **1-888-KRYSTEXXA** (1-888-579-7839), Monday to Friday, 8 AM to 8 PM ET, or visit us at **www.krystexxa.com/savings-support**.



KRYSTEXXA® pegloticase

KRYSTEXXAConnect

SUMMARY OF PATIENT BENEFITS

PO Box 5667 Louisville, KY 40255-0667 • Phone: 1-877-633-9521 • Fax: 1-877-633-9522 • www.krystexxa.com/savings-support
Monday - Friday, 8 AM to 8 PM ET

A

Patient Name:	Prescribing Physician:
Patient ID:	Prescribing Physician in Network:
Case ID:	Prescribing Physician Phone:
Patient Date of Birth:	Benefits Verified for Primary Diagnosis:
Case Manager:	Requested Site of Infusion Service:
Date Benefits Obtained:	Name of Site:
Insurance Research Type:	Site of Infusion in Network:

B

Payer Name:	Call Reference ID:
Plan Name:	Policy Number:
Plan Type:	Policy Effective Date:
Payer Phone:	Policy End Date:

PRIMARY INSURANCE RESEARCH RESULTS AS OF:
Major Medical Benefit
Benefit Covered:

C

Coding Requirements	
KRYSTEXXA Code:	Infusion Codes:
Additional Instructions:	

D

Patient Financial Responsibility	
Deductible:	Co-Pay/Co-Insurance for Office Services:
Out-of-pocket Maximum:	Co-Pay/Co-Insurance for KRYSTEXXA® (pegloticase):
Out-of-pocket Met:	
Includes Deductible:	Patient Eligible for Co-Pay Reduction Program:
Assignment of Benefits Allowed:	

E

Advance Requirements	
Predetermination*:	Prior Authorization Required:
Predetermination Process:	Prior Authorization Process:

F

Specialty Pharmacy
Specialty Pharmacy:
Specialty Pharmacy Additional Information:

*Predetermination is recommended even if the plan does not require it.

This is not a guarantee of insurance benefits. All benefits are subject to the insured's plan. Under no circumstances shall KRYSTEXXA Connect or Horizon Pharma plc be held responsible or liable for payment of any claims, benefits, or costs.

2

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 Prescribing Information, including Boxed Warning, and Medication Guide.