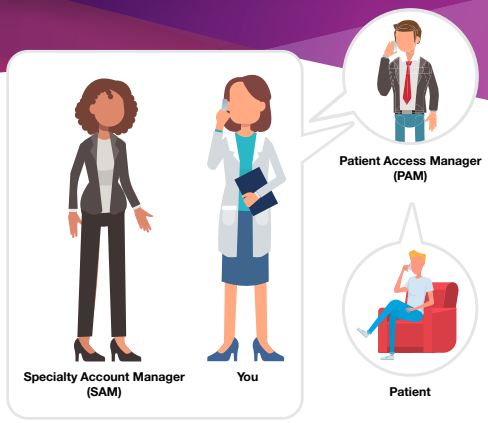
THREE STEPS TO INITIATE TREATMENT



Key Points of Contact

Specialty Account Manager (SAM):_____

Phone Number:_____

Patient Access Manager (PAM):_____

Phone Number:_____

1 ENGAGE YOUR PATIENT'S PAM

The Service Request Form begins the benefits investigation and engages your PAM, who is dedicated to working with both you and your patient, to discuss financial support options and answer questions about KRYSTEXXA.

- ☐ **Complete* and Fax the Service Request Form (SRF)**
- ☐ **Order Lab Work**
  1. **Glucose-6-phosphate-dehydrogenase (G6PD) deficiency†:** DO NOT ADMINISTER KRYSTEXXA if patient is G6PD deficient
  2. **Serum uric acid (sUA):** Baseline sUA level is typically required

*Patient signature is preferred, but not required for submission.

†G6PD deficiency is a genetic disorder that causes red blood cells to break down prematurely or in response to certain medications, including KRYSTEXXA.

2 IDENTIFY YOUR PATIENT'S INFUSION CENTER

Your SAM or PAM will call you to walk you through your patient's Summary of Benefits and assist you in locating an infusion center.

- ☐ **Review Summary of Benefits and Determine Next Steps**

  Patient ID Number: _____

  (Found on Summary of Benefits)
- ☐ **Identify Infusion Center:** _____

  Phone/Fax Number: _____

3 SEND PRESCRIPTION

Have questions about reimbursement? Your PAM can connect you to your local Regional Access Solutions Team Member.

- ☐ **Send Prescription‡ and Clinical Information§:**

  (1) Infusion Center

  OR

  (2) Specialty Pharmacy
- ☐ **Send Lab Results From Step 1 to Infusion Center**

‡Infusion centers may have infusion referral forms which include pretreatment medications and dosing information. You can also download a customizable form available at KRYSTEXXAHCP.com.

§Clinical information may include a copy of the Service Request Form, Summary of Benefits, and Chart Notes.

WEEK PRIOR TO 1st INFUSION | PREP YOUR PATIENT FOR TREATMENT

Your patient is in good hands because your PAM will be in contact with them throughout treatment.

- ☐ **Instruct patient to discontinue all other urate-lowering medications (eg, allopurinol, febuxostat)**
- ☐ **Send patient gout flare prophylaxis prescription (eg, colchicine, NSAIDs, or corticosteroids)**

Don't forget to confirm that your patient has been scheduled for a standing sUA level test at least 48 hours prior to each infusion (every 2 weeks)‖

‖This test is important because it tracks whether or not your patient is at a higher risk of infusion reactions and should discontinue treatment.

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

KRYSTEXXA® pegloticase

CASE NOTES

Date	Notes

See the progress:

Be sure to take pictures of your patient's tophi before treatment so you can measure their success!

Visit **www.KRYSTEXXAHCP.com** for downloadable resources and more information.

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.

Please see Full Prescribing Information, including Boxed Warning.