

Horizon By Your Side

A Patient Support Program

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.

SELECT 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 and generally manifests within 2 hours of the infusion. Delayed-type hypersensitivity reactions have also been reported. KRYSTEXXA should be administered by healthcare professionals prepared to manage infusion reactions. 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.

CONTRAINDICATIONS: G6PD DEFICIENCY ASSOCIATED HEMOLYSIS AND METHEMOGLOBINEMIA

Screen patients for G6PD deficiency prior to starting KRYSTEXXA. Do not administer KRYSTEXXA to patients with G6PD deficiency.

Please see additional Important Safety Information on page 6 and click for [Full Prescribing Information](#), including Boxed Warning.

Horizon By Your Side

SUPPORT DESIGNED WITH YOUR PATIENT IN MIND

Managing uncontrolled gout can involve a lot of moving parts. Horizon By Your Side is a patient support program with dedicated team members who take a personalized approach to meet your patient's unique treatment needs.

LEARN ABOUT OUR DEDICATED TEAM MEMBERS:



Patient Access Liaison (PAL)

The PAL provides dedicated, one-on-one support for your patient. They work directly with individual patients to answer non-medical, logistical questions and provide support upon enrollment.



Regional Access Liaison (RAL)

The RAL educates about navigating insurance processes and accessing treatment on your patient's behalf. The RAL has the expertise and tools to support the patient by educating on patient benefits, options for site of care, prior authorization requirements, payer policies, and coding and claim submissions.



Associate Director, Site of Care Team

The Site of Care Team establishes business-to-business relationships with sites of care and expands the network of infusion center options. The team educates on coding, billing, and payer access, and provides product in-servicing.

Once your patient is enrolled in Horizon By Your Side, they will receive a welcome call from a PAL within one business day. After that, your patient can call, text, or email them when they need non-medical, logical support

Please see additional Important Safety Information on page 6 and click for [Full Prescribing Information](#), including Boxed Warning.

HORIZON
BY
your
side

KRYSTEXXA
pegloticase

THE HORIZON BY YOUR SIDE TEAM IS COMMITTED TO IMPROVING LIVES THROUGH SERVICES AND SUPPORT FOR YOUR PATIENT.

TOGETHER, WE WILL:



CONNECT

Your patient will be paired with a Patient Access Liaison who will support them throughout their treatment when they need it



COORDINATE

The Horizon By Your Side team will work with your patient and healthcare team to make sure logistical, non-medical efforts are coordinated properly



CHAMPION

The Patient Access Liaison will be the point of contact to work with your patient's unique needs and help them build confidence throughout their treatment

As treatment with KRYSTEXXA begins, the Horizon By Your Side team is here to assist your patient every step of the way. We will be by their side. It can make all the difference to have a non-medical, logistical resource in your patient's corner: a dedicated team member who will assist your patient throughout their treatment.

Please see additional Important Safety Information on page 6 and click for [Full Prescribing Information](#), including Boxed Warning.

HORIZON
BY
your
side

KRYSTEXXA
pegloticase

Whether your patient needs personal support, insurance and financial assistance, or helpful resources, the Horizon By Your Side team is here to help them throughout their treatment experience.



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:

- Coordinate with site of care on behalf of the patient, if needed
- Help schedule and provide transportation options



INSURANCE BENEFITS INVESTIGATION:

- Help in conducting benefits investigations
- Provide education for prior authorization, medical exception, or appeal processes
- Determine coding and billing requirements



FINANCIAL ASSISTANCE:

- Help patients understand their coverage and address financial barriers
- The Horizon Commercial Co-Pay Program* helps eligible patients on KRYSTEXXA with deductibles, co-insurance, and co-pays associated with medication and IV infusions

*See Terms and Conditions on the following page.

Please see additional Important Safety Information on page 6 and click for [Full Prescribing Information](#), including Boxed Warning.

HORIZON
BY
your
side

KRYSTEXXA
pegloticase

Initiate your patient's enrollment in Horizon By Your Side by submitting the Patient Enrollment Form (PEF), options available at [KRYSTEXXAhcp.com](https://www.krystexxa.com)

Your patient must complete enrollment to access our patient-focused services and resources

Once your patient is enrolled in the program, you will receive a comprehensive summary of your patient's benefits from the Horizon By Your Side team.

QUESTIONS?

Contact Horizon By Your Side at 1-877-633-9521

Shared Responsibility

As an industry partner, we at Horizon have limitations that we must respect. We cannot guarantee access or reimbursement for our medicines; however, we can educate you and your staff about gaining access to the medicine and various patient financial support programs.

Similarly, the Horizon By Your Side team cannot provide medical advice to your patients about the medicines you prescribe or act as an extension of—or substitution for—your staff.

Together, we can advocate for your patients to gain access to the medicines you believe will improve their lives.

The Horizon Commercial Co-Pay Program may be available to patients who meet the following minimum criteria:

- Patient's prescription cannot be paid in part or in full by any government-funded program including but not limited to: Medicare, Medicare Part D, Medicaid, Medigap, VA, CHAMPUS, Department of Defense (DOD), TRICARE, or any state, patient foundation, or other pharmaceutical program
- Patient is prescribed a covered Horizon rare disease medication for an indication approved by the Food and Drug Administration; the indication for each product is shown in its prescribing information
- Patient is a resident of the United States
- Patient must be commercially insured and have financial responsibility for a portion of the drug and/or infusion cost if applicable

The assistance offered under this co-pay program is subject to additional terms and conditions, including but not limited to the following:

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 any government-funded program including but not limited to Medicare, Medicare Part D, Medicaid, Medigap, VA, CHAMPUS, DOD, TRICARE, or any state, patient foundation, or other pharmaceutical program. 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 reserves the right to rescind, revoke, or amend offer without notice. The selling, purchasing, trading, or counterfeiting of any co-pay card or benefits is prohibited by law. This co-pay program is not insurance and is not intended to substitute for insurance. Age for eligibility is dependent on product indication.

Participating Pharmacies or Healthcare Providers: By using this co-pay program, you acknowledge and confirm that the prescription will not be reimbursed in whole or in part by any government-funded program (such as, without limitation, Medicare, Medicaid, VA, DOD, TRICARE) and the patient and prescription meet the eligibility criteria set forth in the terms and conditions. You are responsible for reporting the receipt of the co-pay program benefits as required by an insurer, payer, or applicable law or regulation.

Patients: By enrolling in this co-pay program, you acknowledge and confirm that you and the prescription meet the eligibility requirements set forth in the terms and conditions, including that the prescription will not be reimbursed in whole or in part by any government-funded program (such as, without limitation, Medicare, Medicaid, VA, DOD, TRICARE). You may not seek any claims to government payers or other payers or insurers for this prescription. You may not seek reimbursement from any health savings, flexible savings, or other healthcare reimbursement account for any amounts received from the co-pay program. You are responsible for reporting the receipt of the co-pay program benefits as required by an insurer, payer, or applicable law or regulation.

Please see additional Important Safety Information on page 6 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 an 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 and the HORIZON logo are trademarks owned by or licensed to Horizon.
© 2021 Horizon Therapeutics plc P-KRY-01557-3 04/21

