After the infusion

Observation of patients for approximately an hour postinfusion should be considered[1]

Remind the patient of their next serum uric acid (sUA) test, upcoming infusion appointments, and the importance of taking any premedications, including methotrexate and folic acid

KRYSTEXXA should be given every 2 weeks. It is recommended to provide a standing order to the lab to check the patient's sUA level prior to each infusion[1]

PATIENT FAQs

What happens if I miss an infusion?

Making time for your infusions can be challenging, but in order to see the best results with KRYSTEXXA, it's important to receive your infusion every 2 weeks. If you are going to miss an appointment, contact your doctor as soon as possible to reschedule.[1]

Will I be able to continue taking KRYSTEXXA if I have an infusion reaction?

It depends. Based on your doctor's assessment, your infusion may be slowed, or stopped and restarted at a slower rate. It is also possible that your treatment may not be restarted. If you feel anything out of the ordinary during your infusion or after you go home, let a healthcare provider know as soon as possible.[1]

INDICATION

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.

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

IMPORTANT SAFETY INFORMATION

WARNING: ANAPHYLAXIS AND INFUSION REACTIONS, G6PD DEFICIENCY ASSOCIATED HEMOLYSIS AND METHEMOGLOBINEMIA

- **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. Delayed hypersensitivity reactions have also been reported.**
- **KRYSTEXXA should be administered in healthcare settings and by healthcare providers prepared to manage anaphylaxis and infusion reactions.**
- **Premedicate with antihistamines and corticosteroids and closely monitor for anaphylaxis for an appropriate period after administration of KRYSTEXXA.**

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

KRYSTEXXA® pegloticase

PATIENT FAQs

What are the most common side effects?

The most common side effects in patients taking KRYSTEXXA with methotrexate were gout flares, joint pain, COVID-19, nausea, and fatigue. This is not a complete list of all possible side effects. Tell your doctor or treatment team if you have any side effect that bothers you or does not go away.[1]

What happens after I finish taking KRYSTEXXA?

You and your doctor will decide on a plan to keep uric acid crystals from building up again. Best results were seen within 6 to 12 months. The optimal treatment duration for KRYSTEXXA has not been established.[1]

WARNING: ANAPHYLAXIS AND INFUSION REACTIONS, G6PD DEFICIENCY ASSOCIATED HEMOLYSIS AND METHEMOGLOBINEMIA (con't)

- **Monitor serum uric acid levels prior to each infusion and discontinue treatment if levels increase to above 6 mg/dL, particularly when 2 consecutive levels above 6 mg/dL are observed.**
- **Screen patients at risk for glucose-6-phosphate dehydrogenase (G6PD) deficiency prior to starting KRYSTEXXA. Hemolysis and methemoglobinemia have been reported with KRYSTEXXA in patients with G6PD deficiency. KRYSTEXXA is contraindicated in patients with G6PD deficiency.**

CONTRAINDICATIONS:

- In patients with G6PD deficiency.
- In patients with history of serious hypersensitivity reactions, including anaphylaxis, to KRYSTEXXA or any of its components.

WARNINGS AND PRECAUTIONS

Gout Flares: An increase in gout flares is frequently observed upon initiation of anti-hyperuricemic therapy, including KRYSTEXXA. 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 formally studied in patients with congestive heart failure, but some patients in the pre-marketing placebo-controlled clinical trials experienced exacerbation. Exercise caution in patients who have congestive heart failure and monitor patients closely following infusion.

ADVERSE REACTIONS

The most commonly reported adverse reactions (≥5%) are:

KRYSTEXXA co-administration with methotrexate trial:
KRYSTEXXA with methotrexate: gout flares, arthralgia, COVID-19, nausea, and fatigue; KRYSTEXXA alone: gout flares, arthralgia, COVID-19, nausea, fatigue, infusion reaction, pain in extremity, hypertension, and vomiting.

KRYSTEXXA pre-marketing placebo-controlled trials:
gout flares, infusion reactions, nausea, contusion or ecchymosis, nasopharyngitis, constipation, chest pain, anaphylaxis, and vomiting.

Reference: 1. KRYSTEXXA (pegloticase) [prescribing information] Horizon.

Please click for Full Prescribing Information, including Boxed Warning.

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KRYSTEXXA® pegloticase