KRYSTEXXA® pegloticase

TREATING HYPERURICEMIA IN UNCONTROLLED GOUT PATIENTS WITH CHRONIC KIDNEY DISEASE

Exhibitor Spotlight

Please join us for an Exhibitor Spotlight at Kidney Week 2018 presented by Horizon Pharma

Program highlights

- Explore the association of hyperuricemia and specific comorbidities
- Examine the impact of hyperuricemia in patients with uncontrolled gout and renal disease and the rationale for reducing the urate burden in these patients

Speaker

Brad Marder, MD
Colorado Kidney Care, Denver, Colorado

Session

Treating Hyperuricemia in Uncontrolled Gout Patients with Chronic Kidney Disease

Date: Saturday, October 27, 2018

Time: 12:00 PM - 1:00 PM

Location: Theater #1, Exhibit Hall
San Diego Convention Center
San Diego, CA

The Exhibitor Spotlight is not a Continuing Education (CE) activity.

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.

Please see additional Important Safety Information on the following page and accompanying full Prescribing Information including BOXED WARNING

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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 nonsteroidal 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 FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please note that Horizon Pharma adheres to the principles set forth in the PhRMA Code on Interactions with Health Care Professionals. All program functions are for invited guests only. Spouses and others, including office staff or other family members, may not attend.

REPORTING DISCLOSURE: All meal participants will be required to sign-in at this event. As required by the federal Sun-shine Act and other similar state laws, the cost of the meal provided to you will be publicly reported. If you want to attend the program without your information reported, you may opt-out of the meal.

HORIZON PHARMA

Please see accompanying full Prescribing Information including BOXED WARNING