



## Horizon Therapeutics plc Announces Changes in Research and Development Organization

January 24, 2020

### - Scott Brun, M.D. Named Senior R&D Advisor -

DUBLIN--(BUSINESS WIRE)--Jan. 24, 2020-- Horizon Therapeutics plc (Nasdaq: HZNP) today announced changes to its research and development organization structure. Effective immediately, Elizabeth H.Z. Thompson, Ph.D., group vice president, clinical development and external search; Srini Ramanathan, Ph.D., group vice president, development sciences and San Francisco site head and Melanie Gloria, senior vice president, R&D operations, will report to Timothy Walbert, chairman, president and chief executive officer.

In addition, Scott Brun, M.D. will serve as senior advisor to the R&D leadership team. Scott is an accomplished physician executive with more than 20 years of wide-ranging drug development and business development experience. Most recently, Scott served as vice president of scientific affairs and head of AbbVie Ventures, a corporate venture fund responsible for investment opportunities within the company's R&D therapeutic focus areas.

Shao-Lee Lin, M.D., Ph.D., executive vice president, research and development and chief scientific officer is no longer with the Company and a search will be initiated in the near-term for her replacement.

"During the last two years, we have made significant progress in building an R&D team and pipeline, including the development and early approval of TEPEZZA as well as expanding the clinical profile of KRYSTEXXA," said Timothy Walbert, chairman, president and chief executive officer, Horizon. "Liz, Srini and Melanie have been integral to our R&D success and I am confident that their collective leadership, along with Scott's experience, will set us up for long-term success. I would like to thank Shao-Lee for her contributions to Horizon's growth and wish her the best of luck in her future endeavors."

### About Horizon

Horizon is focused on researching, developing and commercializing medicines that address critical needs for people impacted by rare and rheumatic diseases. Our pipeline is purposeful: we apply scientific expertise and courage to bring clinically meaningful therapies to patients. We believe science and compassion must work together to transform lives. For more information on how we go to incredible lengths to impact lives, please visit [www.horizontherapeutics.com](http://www.horizontherapeutics.com), follow us [@HorizonNews](https://twitter.com/HorizonNews) on Twitter, like us on [Facebook](https://www.facebook.com/horizontherapeutics) or explore career opportunities on [LinkedIn](https://www.linkedin.com/company/horizontherapeutics).

### Forward Looking Statements

This press release contains forward-looking statements, including, but not limited to, statements related to anticipated changes in Horizon's R&D team and reporting structure; future results of Horizon's R&D initiatives; and business and other statements that are not historical facts. These forward-looking statements are based on Horizon's current expectations and inherently involve significant risks and uncertainties. Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of these risks and uncertainties, which include, without limitation, risks relating to Horizon's ability to successfully implement its business strategies; risks inherent in developing novel medicine candidates and existing medicines for new indications; risks associated with regulatory approvals; risks in the ability to recruit, train and retain qualified personnel; and those risks detailed from time-to-time under the caption "Risk Factors" and elsewhere in Horizon's filings and reports with the SEC. Horizon undertakes no duty or obligation to update any forward-looking statements contained in this press release as a result of new information.

### About TEPEZZA

#### INDICATION

TEPEZZA is indicated for the treatment of Thyroid Eye Disease.

#### IMPORTANT SAFETY INFORMATION

##### Warnings and Precautions

**Infusion Reactions:** TEPEZZA may cause infusion reactions. Infusion reactions have been reported in approximately 4% of patients treated with TEPEZZA. Reported infusion reactions have usually been mild or moderate in severity. Signs and symptoms may include transient increases in blood pressure, feeling hot, tachycardia, dyspnea, headache and muscular pain. Infusion reactions may occur during an infusion or within 1.5 hours after an infusion. In patients who experience an infusion reaction, consideration should be given to premedicating with an antihistamine, antipyretic, or corticosteroid and/or administering all subsequent infusions at a slower infusion rate.

**Preexisting Inflammatory Bowel Disease:** TEPEZZA may cause an exacerbation of preexisting inflammatory bowel disease (IBD). Monitor patients with IBD for flare of disease. If IBD exacerbation is suspected, consider discontinuation of TEPEZZA.

**Hyperglycemia:** Increased blood glucose or hyperglycemia may occur in patients treated with TEPEZZA. In clinical trials, 10% of patients (two-thirds of whom had preexisting diabetes or impaired glucose tolerance) experienced hyperglycemia. Hyperglycemic events should be managed with medications for glycemic control, if necessary. Monitor patients for elevated blood glucose and symptoms of hyperglycemia while on treatment with TEPEZZA. Patients with preexisting diabetes should be under appropriate glycemic control before receiving TEPEZZA.

## Adverse Reactions

The most common adverse reactions (incidence  $\geq 5\%$  and greater than placebo) are muscle spasm, nausea, alopecia, diarrhea, fatigue, hyperglycemia, hearing impairment, dysgeusia, headache and dry skin.

For additional information on TEPEZZA, please see [Full Prescribing Information](#) at [TEPEZZAhcp.com](http://TEPEZZAhcp.com).

## About KRYSTEXXA

### INDICATIONS AND USAGE

KRYSTEXXA® (pegloticase injection) is a PEGylated uric acid specific enzyme indicated for the treatment of chronic gout in adult patients refractory to conventional therapy.

Gout refractory to conventional therapy occurs in 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. Serum uric acid levels should be monitored prior to infusions, and healthcare providers should 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.

Patients should be informed of the symptoms and signs of anaphylaxis and instructed to seek immediate medical care should anaphylaxis occur after discharge from the healthcare setting.

#### CONTRAINDICATIONS: G6PD DEFICIENCY ASSOCIATED HEMOLYSIS AND METHEMOGLOBINEMIA

Patients should be screened for G6PD deficiency prior to starting KRYSTEXXA. Hemolysis and methemoglobinemia have been reported with KRYSTEXXA in patients with G6PD deficiency. KRYSTEXXA should not be administered 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. Caution should be exercised when using KRYSTEXXA in patients who have congestive heart failure, and patients should be monitored closely following infusion.

#### ADVERSE REACTIONS

The most commonly reported adverse reactions in clinical trials with KRYSTEXXA were gout flares, infusion reactions, nausea, contusion or ecchymosis, nasopharyngitis, constipation, chest pain, anaphylaxis and vomiting.

Please see [Full Prescribing Information](#) and [Medication Guide](#) for more information.

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