HORIZON UCD SUPPORT SERVICES

PATIENT ENROLLMENT FORM INSTRUCTIONS

The UCD Support Services Patient Enrollment Form is required to initiate treatment with Horizon UCD Medications.

Instructions:

1. Complete all required patient information.
2. Complete all required insurance information for the patient and, if possible, attach a copy of the patient's insurance card.
3. Complete the diagnosis and prescription information in its entirety; all fields are required. The patient's healthcare provider should fill out this section.
4. Complete all required prescriber information, including the contact information for the practice or facility.
5. A signature is required from the patient's healthcare provider.
6. Fax the completed form to UCD Support Services at 877-695-8304.
7. Check in with your patient to ensure he or she have completed the Patient Authorization Form. It must be completed and sent in to initiate services.
8. If you have any questions or comments, please contact UCD Support Services at 855-UCD-SUPT (855-823-7878).

HORIZON PHARMA

HORIZON UCD SUPPORT SERVICES

Please fax the completed form to 877-695-8304.

Phone: 855-UCD-SUPT (855-823-7878) **Fax:** 877-695-8304 **www.ucdsupport.com**

UCD SUPPORT SERVICES ENROLLMENT FORM

Patients must also complete the UCD Support Services Patient Enrollment Form for all new referrals.
UCD Support Services is available to all UCD-diagnosed patients regardless of prescription and/or treatment plan.

Patient Information (* indicates required field)

Patient Name*: _____ DOB*: ____/____/____ Gender*: ☐ Male ☐ Female

Address*: _____ City*: _____ State*: _____ Zip Code*: _____

Preferred Phone*: (____) _____ Alternate Phone: (____) _____ Email: _____

Caregiver/Alternate Contact Name: _____ Relationship: _____ Phone: (____) _____

Preferred Contact: ☐ Patient ☐ Caregiver Preferred Type: ☐ Phone (Day) ☐ Phone (Evening) ☐ Email

☐ Program Enrollment Only (Enrollment-only patients will not receive medication through the program.) Preferred Language: _____

Insurance Information (* Indicates required field) **Please attach copies of insurance card(s), if available.**

Primary Insurance Company*: _____ Phone*: (____) _____

Policy Type: ☐ Medicare ☐ Medicaid ☐ Commercial ☐ Other Diagnosis Policy #*: _____ Group #*: _____

Policyholder Name*: _____ Relationship: _____ DOB: ____/____/____

Secondary Insurance Company: _____ Phone: (____) _____

Policy Type: ☐ Medicare ☐ Medicaid ☐ Commercial ☐ Other Policy #: _____ Group #: _____

Policyholder Name: _____ Relationship: _____ DOB: ____/____/____

Prescription Card?: ☐ Yes If Yes, Carrier: _____ Phone: (____) _____

Identification #: _____ Policy/Group #: _____

Policyholder Name: _____ Relationship: _____ DOB: ____/____/____

Diagnosis Information (**ALL** fields required)

DIAGNOSIS: ☐ Disorder of urea cycle metabolism, unspecified (E72.20) ☐ Arginosuccinic aciduria (E72.22) ☐ Citrullinemia (E72.23)

Specific Disorder: ☐ CPS ☐ OTC ☐ ASS ☐ ASL ☐ ARG ☐ HHH ☐ CITRIN Date of Diagnosis (month/year): _____

Other Diagnosis, ICD-10_____ Please visit http://www.icd10data.com/Convert/270.6 for more information.

Patient Weight: _____ lb/kg (circle one) Patient Height: _____ in/cm (circle one) Current Therapy: _____

Prescription Information (Complete all fields if you are prescribing medication for your patient.)

PRESCRIPTION: ☐ RAVICTI® (glycerol phenylbutyrate) Oral Liquid (mL) _____ Dose _____ Doses/Day _____ Total Daily Dose

☐ BUPHENYL® (sodium phenylbutyrate) Tablets Days Supply: _____ Total Quantity: _____ # Refills: _____

☐ BUPHENYL® (sodium phenylbutyrate) Powder (g) Instructions: _____

Prescriber Information (* indicates required field)

First and Last Name*: _____ Credentials: _____

NPI #*: _____ State License #: _____ State Issued: _____ Tax ID: _____ Specialty*: _____

Practice/Facility Name*: _____ Primary Contact Name: _____

Address*: _____ City*: _____ State*: _____ Zip Code*: _____

Phone*: (____) _____ Fax: (____) _____ Prescriber Email: _____

Prescriber Acknowledgement: I certify that the above therapy is medically necessary and that the information provided is accurate to the best of my knowledge. I understand that Horizon Pharma and its employees or agents (collectively, "Horizon") will use this information to administer the Horizon UCD Support Services program (the "Program"), which provides assistance to patients in obtaining coverage for Horizon UCD Medications and assistance in initiating or continuing Horizon UCD Medications. By my signature, I also acknowledge that my patient or his or her personal representative has provided a signed HIPAA authorization that allows me to share protected health information with Horizon for purposes of the Program. I appoint the Program, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law. I further understand and agree that (a) any medication or service provided through the Program as a result of this form is for the named patient only and is not being made in exchange for any express or implied agreement or understanding that I would recommend, prescribe, or use Horizon UCD Medications, or any other Horizon product or service, for any other person, (b) my decision to prescribe Horizon UCD Medications was based solely on my professional determination of medical necessity, and (c) I will not seek reimbursement for any medication or service provided by or through the Program from any government program or third-party insurer. I understand that Horizon may modify or terminate the Program at any time without notice.

State requirements: The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.

Prescriber Name*: _____ Date: _____

Prescriber Signature*: _____ _____

(Dispense as Written) (Substitution Allowed)

Please see Important Safety Information on pages 2 to 3 and accompanying Full Prescribing Information and Medication Guide.

HORIZON PHARMA

IMPORTANT SAFETY INFORMATION

Approved Uses for RAVICTI® (glycerol phenylbutyrate) Oral Liquid

RAVICTI is a prescription medicine used in adults and children 2 years of age and older for long-term management of high blood levels of ammonia (hyperammonemia) caused by a condition called a urea cycle disorder (UCD). RAVICTI should only be used if the UCD cannot be managed with a low-protein diet and dietary supplements alone. RAVICTI must be used along with a low-protein diet and, in some cases, dietary supplements.

RAVICTI is not used for the treatment of hyperammonemia in people with UCDs.

It is not known if RAVICTI is safe and effective for the treatment of N-acetylglutamate synthase (NAGS) deficiency.

It is not known if RAVICTI is safe and effective in children 2 months to less than 2 years of age.

DETAILED IMPORTANT SAFETY INFORMATION

Who should not take RAVICTI:

Children less than 2 months of age should not take RAVICTI because it may not be digested in babies less than 2 months of age.

Do not take RAVICTI if you are allergic to phenylbutyrate. Call your doctor or go to the nearest hospital emergency room if you get wheezing, shortness of breath, cough, low blood pressure, flushing, nausea, or a rash while taking RAVICTI.

RAVICTI may cause serious side effects:

Phenylacetate, a breakdown product of RAVICTI, may cause nervous system side effects. Call your doctor or get medical help right away if you experience any of these symptoms while taking RAVICTI: sleepiness, weakness, lightheadedness, change in taste, problems with hearing, confusion, problems with memory, worsening neuropathy (numbness, tingling, or burning in your hands or feet), or headache.

What are the possible side effects of RAVICTI?

The most common side effects of RAVICTI in adults include diarrhea, gas, headache, nausea, vomiting, tiredness, decreased appetite, high blood levels of ammonia, and dizziness.

The most common side effects of RAVICTI in children include upper abdomen (stomach) pain, nausea, vomiting, diarrhea, decreased appetite, high blood levels of ammonia, and headache.

Tell your doctor if you have any side effect that bothers you or that does not go away. These are not all of the possible side effects of RAVICTI. Call your doctor for medical advice about side effects.

Before you take RAVICTI:

Tell your doctor if you have liver or kidney problems, pancreas or bowel (intestine) problems, or any other medical conditions. Tell your doctor if you are pregnant or plan to become pregnant. It is not known if RAVICTI will harm your unborn baby. Tell your doctor if you are breastfeeding or plan to breastfeed. It is not known if RAVICTI passes into your breast milk. RAVICTI may harm your baby, so you and your doctor should decide if you will take RAVICTI or breastfeed.

Talk to your doctor about participating in a UCD registry. The purpose of this registry is to collect information about people with UCDs to improve care. For more information about the registry program, call 1-855-823-2595 or visit www.ucdregistry.com.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

This information is not comprehensive. To learn more, talk to your health care provider or pharmacist. The FDA-approved product labeling, including the Medication Guide, can be found at ravicti.com.

IMPORTANT SAFETY INFORMATION

Approved Uses for BUPHENYL®

BUPHENYL (sodium phenylbutyrate) Tablets is a prescription medicine that can be taken by mouth and BUPHENYL (sodium phenylbutyrate) Powder is a prescription medicine that can be taken by mouth or feeding tube for the long-term management of high blood levels of ammonia (hyperammonemia) caused by a condition called a urea cycle disorder (UCD). BUPHENYL should be used if the UCD cannot be managed with a low-protein diet and dietary supplements alone.

BUPHENYL only treats high blood levels of ammonia in patients with the following enzyme deficiencies:

- Carbamylphosphate synthetase (CPS)
- Ornithine transcarbamylase (OTC)
- Argininosuccinic acid synthetase (AS)

BUPHENYL can be used in infants up to 28 days old who have a complete enzyme deficiency (an enzyme in the urea cycle that does not work at all). It can also be used in people 1 month of age and up who have a partial enzyme deficiency (an enzyme in the urea cycle that only works partially) and have a history of brain damage from high blood levels of ammonia (hyperammonemia). It is important to have a healthcare provider diagnose this condition and prescribe a medication as early as possible to improve chance of survival.

BUPHENYL must be used along with a low-protein diet and, in some cases, dietary supplements.

Any episode related to acute hyperammonemia should be treated as a life-threatening emergency.

Important Safety Information (ISI)

Do not take BUPHENYL if you are allergic to phenylbutyrate, or for the treatment of acute hyperammonemia in people with UCDs.

Use of BUPHENYL may cause serious side effects to the nervous system due to phenylacetate, a breakdown product of BUPHENYL. Call your doctor or get medical help right away if you experience any of the following symptoms while taking BUPHENYL: sleepiness, weakness, lightheadedness, problems with memory, worsening neuropathy (numbness, tingling, or burning in your hands or feet), change in taste, problems with hearing, confusion, and headache.

Talk to your doctor before taking BUPHENYL if you have heart failure or decreased kidney function, which may lead to retention of the sodium content of BUPHENYL with potentially serious consequences such as worsening heart failure, high blood pressure, and swelling. You and your doctor should decide if you will take BUPHENYL if you have these medical conditions. Do not take BUPHENYL if you have liver or kidney problems, have any other medical conditions, if your child is 20kg or less, or if you are planning to become pregnant or breastfeed, as it is unknown if BUPHENYL will harm your unborn baby or will pass into your breastmilk.

The most common side effects of BUPHENYL include absent or irregular periods in women, decreased appetite, body odor, and bad taste.

The most common side effects of BUPHENYL® seen in a laboratory setting include changes to blood pH and electrolyte levels (such as chloride and phosphate), low protein levels in the blood, high levels of certain bone and liver enzymes (such as alkaline phosphatase and transaminases), and decreased red and white blood cell and platelet count.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

This information is not intended to replace discussions with your doctor. For additional information about BUPHENYL®, please consult the Full Prescribing Information and the Information for the Patient/Caregiver and talk to your doctor. BUPHENYL® is available by prescription only.

Please see accompanying full Prescribing Information and Patient Package Insert for BUPHENYL.