

For providers and ordering pharmacies: To ensure that all product orders arrive in time for the patient's infusion, we kindly remind you that all product orders to the distributor must be made at a minimum of 10 calendar days prior to the scheduled infusion. To ensure our patients receive the most accurate dose possible, there is a mandatory final weight that must be obtained in a medical office within 11-15 calendar days from the scheduled infusion.

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PATIENT INFORMATION:

First, Middle, Last Name _____ Email _____ Preferred Language _____
Gender Assigned at Birth ☐ Male ☐ Female ☐ Preferred Pronouns _____ DOB (MM/DD/YYYY) ____/____/____ Last 4 digits of Social Security # _____
Street Address _____ City _____ State _____ ZIP _____
Home Phone (_____) _____ Work (_____) _____ Mobile (_____) _____ Best Time to Contact _____
Caregiver Name (First and Last) _____ Relationship to Patient _____ Caregiver Phone (_____) _____

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PRESCRIBER INFORMATION:

First and Last Name _____
State License # _____ NPI # _____ Tax ID # _____
Facility/Institution Name _____ Street Address _____ City _____ State _____ ZIP _____
Office Phone (_____) _____ Fax _____ Office Contact Name/Title _____
Office Contact Phone (_____) _____ Office Contact Email _____
Shipping/Receiving Contact Name _____ Shipping/Receiving Contact Phone (_____) _____

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Genglycos (pariglasgene brecaparvovec-opnr) for intravenous infusion prescription information

Select ICD-10-CM code below

☐ E74.01 Glycogen Storage Disease Type Ia (GSDIa) ☐ Other _____

Patient weight _____ kg Date weight taken _____

Genglycos (pariglasgene brecaparvovec-opnr) Refill: No refills Expected infusion date: _____

☐ Pharmacist will utilize the below weight-based chart to adjust the total dose and vial quantity based on the patient's most recent weight obtained in a medical office within 11-15 days of the scheduled infusion date.

Directions: Administer 1.0×10^{13} genome copies (gc) per kg body weight as a single intravenous infusion per manufacturer product labeling

Please check a box to indicate patient dose. The intravenous dosage is determined by patient body weight

Patient body weight range (kg)	Total dose volume ^a (mL)	Number of vials
15 to <21	6	3
21 to <27	8	4
27 to <33	10	5
33 to <39	12	6
39 to <45	14	7
45 to <51	16	8
51 to <57	18	9
57 to <63	20	10
63 to <69	22	11
69 to <75	24	12
75 to <81	26	13
81 to <87	28	14
≥87 ^b	30	15

^a Dose volume is rounded up or down to the nearest 2 mL.

^b Patients weighing ≥87 kg will be dosed at the 87 kg weight.

☐ No Known Drug Allergies (NKDA)

Concurrent Medications _____ Special Precautions (eg, allergies) _____

Special Instructions _____

Prescriber Signature (No Stamps) _____ Dispense as Written Date _____

Prescriber Signature (No Stamps) _____ Substitution Permitted Date _____

I authorize Ultragenyx to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the patient utilizing their benefit plan

☐ This is an **opt-out** box. Ultragenyx offers enrolled UltraCare patients access to Clinical Engagement Liaisons, who may contact patients to provide information about their prescriptions and disease. By checking this box, you are **declining** this service for your patient.