

AUSTEDO® XR (DEUTETRABENAZINE) EXTENDED RELEASE PATIENT ENROLLMENT

1 PATIENT INFORMATION

(Please complete the following information)

Please attach demographic information

Patient Name (First, MI, Last): _____ DOB: _____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Patient Phone Number: _____
 Parent/Caregiver Name (First, MI, Last): _____ Parent/Caregiver Phone Number: _____

2 INSURANCE INFORMATION

Please attach front and back of patient's insurance card, prescription card, and/or Medicaid card.

Primary Insurance Name: _____	Secondary Insurance Name: _____
Primary Insurance ID: _____	Primary Insurance ID: _____
Insurance Phone Number: _____	Insurance Phone Number: _____
Policyholder Name: _____	Policyholder Name: _____

3 CLINICAL INFORMATION

Please fax clinical documentation to pharmacy along with referral form.

G24.01 Tardive Dyskinesia (TD) G10 Huntington's Chorea (HD) Other ICD-10: _____
 NKDA Drug Allergies _____
 Concurrent Medications: _____

4 PRESCRIBER INFORMATION

Practice Name: _____

Prescriber Name: _____ Specialty: _____ NPI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Contact: _____ Phone: _____ Fax: _____

5 PRESCRIPTION INFORMATION

Austedo XR (6mg, 12mg, 24mg, 30mg, 36mg, 42mg & 48mg XR tablets) May Substitute Dispense as Written

INITIAL TITRATION Rx

CONTINUING & SAMPLED PATIENTS

To reach 30 mg/day dose:

- 12mg XR by mouth once daily x Week 1
- 18mg XR (12mg XR + 6mg XR) by mouth once daily x Week 2
- 24mg XR by mouth once daily x Week 3
- 30mg XR by mouth once daily x Week 4

Qty: 28 days No Refills

Titrate weekly by 6 mg/day from dose _____ mg/day to reach the dose selected below (**select one**):

- 36mg XR by mouth once daily - Dose selection following initial 4-week titration
- 42mg XR by mouth once daily
- 48mg XR by mouth once daily

Qty: 30 days Refills #: _____

Other Rx or Switch from Tetrabenazine* Sig: _____ Quantity: _____ Refills #: _____
 *Start at 50% of current TBZ dose

Physician's Signature _____ Date of Signature _____

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by the express authority of the sender to the named addressee.