



TETRABENAZINE PRESCRIPTION REFERRAL FORM

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Today's Date

SPECIALTY PHARMACY

We are licensed in most states, please check our website for the most current list

NEW PATIENT CURRENT PATIENT

Patient Name First Name _____ Middle Name _____ Last Name _____ DOB _____ Weight _____ Male Female

Street Address _____ Apt # _____ City _____ State _____ Zip _____

Daytime Tel _____ Evening Tel _____ Cell _____ Email _____

Ship to Patient at Home Work **OR** Patient will pick up at Physician Office Pharmacy Date Needed _____

ICD-10 Code G10 Huntington's Disease G24.01 Tardive dyskinesia Other _____ Allergies _____

Testing Yes No Results _____ Patient currently on therapy Yes No Date of next blood work _____

Insured's Name _____ Relation to Patient _____ Eligible for Medicare Yes No If yes, Medicare# _____

Prescription Card Yes No If Yes, Carrier _____ Tel _____ Fax _____ Policy/Group# _____

Bin# _____ Pcn# _____ RXID# _____ RX Group# _____

Prescriber's Name _____ Office Contact _____

Street Address _____ Suite # _____ City _____ State _____ Zip _____

Tel _____ Fax _____ Email _____

License# _____ NPI# _____ UPIN# _____ DEA# _____

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

XENAZINE® (TETRABENAZINE)

12.5-mg tablets
 30 Day Supply Quantity: _____ Refills: _____
 90 Day Supply Quantity: _____ Refills: _____

25-mg tablets
 30 Day Supply Quantity: _____ Refills: _____
 90 Day Supply Quantity: _____ Refills: _____

Titration schedule (per week)

Week 1: _____
 Week 2: _____
 Week 3: _____
 Week 4: _____

ENROLL IN NURSE TRAINING / MANUFACTURER PROGRAM

AUSTEDO® (DEUTETRABENAZINE) 6 mg tablets 9 mg tablets 12 mg tablets

Chorea associated with Huntington's disease
Initial Dose: 6 mg/day
Maximum Dose: 48 mg/day
 QTY _____ Refills: _____

Tardive dyskinesia
Initial Dose: 6mg twice daily
Maximum Dose: 48 mg/day
 QTY _____ Refills: _____

- Titrate at weekly intervals by 6 mg per day based on reduction of chorea or tardive dyskinesia, and tolerability, up to a max recommended daily dosage of 48 mg (24 mg twice daily)
- Administer total daily dosages of 12 mg or above in two divided doses

Prescriber's Signature (signature required. NO STAMPS) _____ Date _____

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