



TETRABENAZINE

Prescription Referral Form

Phone: (818) 390-9696 • Toll-Free: (855) 265-7850 • Fax: (855) 450-6717 • info@MedicoRx.com

Today's Date: _____ Needs By Date: _____ SHIP TO: Patient Office Other _____

| Patient Information | | Prescriber Information | |
|---------------------|---|------------------------|----------|
| Patient name | | Prescriber Name | |
| Address | | NPI# | |
| City, State, Zip | | DEA# | License# |
| Main Phone# | Alt# | Address | |
| Social Security# | | City, State, Zip | |
| Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female | Phone# | Fax# |
| Height | Weight <input type="checkbox"/> lbs <input type="checkbox"/> kg | | |
| Allergies | | Contact Person | |
| Other medications | | | |

Clinical Information

Diagnosis Code: Huntington's Disease Tardive dyskinesia Other _____
 Patient currently on therapy: Yes No Date of next blood work: _____

Prescription Information

| | |
|---|---|
| <p>XENAZINE® (Tetrabenazine)</p> <p><input type="checkbox"/> 12.5 mg tablets 30 Day Supply Quantity: _____ Refills: _____ 90 Day Supply Quantity: _____ Refills: _____</p> <p><input type="checkbox"/> 25 mg tablets 30 Day Supply Quantity: _____ Refills: _____ 90 Day Supply Quantity: _____ Refills: _____</p> <p>Titration Schedule (per week): <input type="checkbox"/> Week 1: Starting dose 12.5 mg/day in AM <input type="checkbox"/> Week 2: 12.5mg twice a day <input type="checkbox"/> Week 3: 12.5mg three times a day <input type="checkbox"/> Maintenance Dose: _____</p> | <p>AUSTEDO® (Deutetrabenazine)</p> <p><input type="checkbox"/> 6 mg tablets <input type="checkbox"/> 9 mg tablets <input type="checkbox"/> 12mg tablets</p> <p>Chorea associated with Huntington's Disease: <input type="checkbox"/> <i>Initial Dose: 6 mg/day (Titrate by 6mg interval/week)</i> <input type="checkbox"/> <i>Maximum Dose: 48 mg/day</i> QTY _____ Refills: _____</p> <p>Tardive Dyskinesia: <input type="checkbox"/> <i>Initial Dose: 6 mg twice daily (Titrate by 6mg interval/week)</i> <input type="checkbox"/> <i>Maximum Dose: 48 mg/day</i> QTY _____ Refills: _____</p> <p>- Titrate at weekly intervals by 6mg/day based on reduction of chorea or tardive dyskinesia, and tolerability, up to a max recommended daily dosage of 48mg (24mg twice daily) - Administer total daily dosages of 12mg or above in two divided doses</p> |
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By signing this form and utilizing our services, you are authorizing MedicoRX and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) DAW _____ Initials _____ Date _____

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