

Need By Date: \_\_\_\_\_ Ship To: ☐ Patient ☐ Office ☐ Other \_\_\_\_\_ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information		Prescriber Information	
Patient Name		Prescriber Name	
Address		Address	
City State ZIP		City State ZIP	
Main Phone	Alternate Phone	Phone	Fax
Social Security #		Contact Person	
Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	DEA #	NPI # License #

Clinical Information	
Diagnosis: <input type="checkbox"/> G24.01 Tardive Dyskinesia (TD) <input type="checkbox"/> G10 Huntington's Chorea (HD) <input type="checkbox"/> Other: _____	
Complete This Section for Tardive Dyskinesia (TD): Abnormal Involuntary Movement Score (AIMS): Date: _____ Score: _____ Date: _____ Score: _____	
History: Has the patient been previously treated for this condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, Medication Failed: _____ Is the patient currently on therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes, Medication Failed: _____	
Drug Allergies	Status: <input type="checkbox"/> New <input type="checkbox"/> Restart <input type="checkbox"/> Continuing

Prescription Information			Qty	Refills
<input type="checkbox"/> Austedo XR® Starter Kit	4 Week Patient Titration Kit	Week 1: 12 mg by mouth once daily Week 2: 18 mg (12 mg + 6 mg) by mouth once daily Week 3: 24 mg by mouth once daily Week 4: 30 mg (24 mg + 6 mg) by mouth once daily	1 kit (42 tablets)	None
<input type="checkbox"/> Austedo XR®	<input type="checkbox"/> 6 mg Tablet <input type="checkbox"/> 12 mg Tablet <input type="checkbox"/> 24 mg Tablet (Select all strengths required per directions)	<input type="checkbox"/> <b>Continuing Titration and Sampled Patients</b> Titrate weekly by 6 mg/day from current dose ____mg/day to reach the dose selected below (select one) <input type="checkbox"/> 24 mg/day (24 mg [2 x 12 mg] by mouth once daily) <input type="checkbox"/> 30 mg/day (30 mg [24 mg + 6 mg] by mouth once daily) <input type="checkbox"/> 36 mg/day (36 mg [3 x 12 mg] by mouth once daily) <input type="checkbox"/> 42 mg/day (42 mg [3 x 12 mg + 6 mg] by mouth once daily) <input type="checkbox"/> 48 mg/day (48 mg [2 x 24 mg] by mouth once daily)	QS For Titration	None
		<input type="checkbox"/> <b>Maintenance Rx</b> <input type="checkbox"/> 24 mg/day (24 mg [2 x 12 mg] by mouth once daily) <input type="checkbox"/> 30 mg/day (30 mg [24 mg + 6 mg] by mouth once daily) <input type="checkbox"/> 36 mg/day (36 mg [3 x 12 mg] by mouth once daily) <input type="checkbox"/> 42 mg/day (42 mg [3 x 12 mg + 6 mg] by mouth once daily) <input type="checkbox"/> 48 mg/day (48 mg [2 x 24 mg] by mouth once daily)	30 Day Supply	_____
		<input type="checkbox"/> <b>Other Rx</b> _____ _____ _____	_____	_____

By signing this form, you are authorizing BioPlus Specialty Pharmacy and its employees to serve as your designated agent in submitting clinical and other required information to third party payers with respect to this prescription and any refills or continuation of the same medication and dose for this patient. IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

Prescriber's Signature (no stamps) Substitution Permitted

Date

Prescriber's Signature (no stamps) Dispense As Written

Date

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Clinical Information	
Diagnosis: <input type="checkbox"/> G24.01 Tardive Dyskinesia (TD) <input type="checkbox"/> G10 Huntington's Chorea (HD) <input type="checkbox"/> Other: _____	
Complete This Section for Tardive Dyskinesia (TD): Abnormal Involuntary Movement Score (AIMS): Date: _____ Score: _____ Date: _____ Score: _____	
History: Has the patient been previously treated for this condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, Medication Failed: _____ Is the patient currently on therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes, Medication Failed: _____	
Drug Allergies	Status: <input type="checkbox"/> New <input type="checkbox"/> Restart <input type="checkbox"/> Continuing

Prescription Information		Qty	Refills
<input type="checkbox"/> Austedo <sup>®</sup>  <input type="checkbox"/> 6 mg Tablet <input type="checkbox"/> 9 mg Tablet <input type="checkbox"/> 12 mg Tablet (Select all strengths required per directions)	<input type="checkbox"/> <b>Initial Titration Rx - Tardive Dyskinesia</b> To reach 30 mg/day Maintenance Dose Week 1: 12 mg/day (6 mg by mouth twice a day) Week 2: 18 mg/day (9 mg by mouth twice a day) Week 3: 24 mg/day (12 mg by mouth twice a day) Week 4: 30 mg/day (15 mg [6 mg + 9 mg] by mouth twice a day)	QS For Titration	None
	<input type="checkbox"/> <b>Initial Titration Rx - Huntington's Chorea</b> To reach 24 mg/day Maintenance Dose Week 1: 6 mg/day (6 mg by mouth once a day) Week 2: 12 mg/day (6 mg by mouth twice a day) Week 3: 18 mg/day (9 mg by mouth twice a day) Week 4: 24 mg/day (12 mg by mouth twice a day)	QS For Titration	None
	<input type="checkbox"/> <b>Continuing Titration and Sampled Patients</b> Titrate weekly by 6mg/day from current dose _____mg/day to reach the dose selected below (select one) <input type="checkbox"/> 24 mg/day (12 mg by mouth twice daily) <input type="checkbox"/> 30 mg/day (15 mg [6 mg + 9 mg] by mouth twice a day) <input type="checkbox"/> 36 mg/day (18 mg [2 x 9 mg] by mouth twice daily) <input type="checkbox"/> 42 mg/day (21 mg [9 mg + 12 mg] by mouth twice daily) <input type="checkbox"/> 48 mg/day (24 mg [2 x 12 mg] by mouth twice daily)	QS For Titration	None
	<input type="checkbox"/> <b>Maintenance Rx</b> <input type="checkbox"/> 24 mg/day (12 mg by mouth twice daily) <input type="checkbox"/> 30 mg/day (15 mg [6 mg + 9 mg] by mouth twice a day) <input type="checkbox"/> 36 mg/day (18 mg [2 x 9 mg] by mouth twice daily) <input type="checkbox"/> 42 mg/day (21 mg [9 mg + 12 mg] by mouth twice daily) <input type="checkbox"/> 48 mg/day (24 mg [2 x 12 mg] by mouth twice daily)	30 Day Supply	_____
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