meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

◯ New/Changed Dose

Neurology - Huntington's Disease/Tardive Dyskinesia

Austedo™, Austedo™ XR, Tetrabenazine®

Prescriber Information

Prescriber Name:	◯ MD ◯ DO ◯ NP ◯ PA	NPI:	
Office Contact:	Practice Name / Collaborating MD:		
Address:	City:	State:	Zip:
Phone:	Fax:		

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patients Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ◯ M ◯ F	Weight:	Height:	Diabetic? ◯ Y ◯ N
Address:	City:	State:	Zip:			
Home Phone:	Work/Cell:	HIPAA Contact:	Emergency #:			
Interpreter Needed? ◯ Y ◯ N	Allergies: ◯ Y ◯ N **If Yes, list allergies:**					

Insurance Information

Primary Insurance:	Policy ID:	Group #:	BIN:	PCN:
Policyholder Name:	Policyholder DOB: / /			

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10/Diagnosis Code: ◯ Huntington's Disease (G10) ◯ Tardive Dyskinesia (G24) ◯ Other:

Notes to Pharmacy:

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
◯ **AUSTEDO®** (deutetrabenazine)	◯ 6mg tablets ◯ 9mg tablets ◯ 12mg tablets	◯ **Dose Titration:** Week 1: Week 5: Week 2: Week 6: Week 3: Week 7: Week 4: Week 8:	QS for titration period	**No Refills**
	◯ 6mg tablets ◯ 9mg tablets ◯ 12mg tablets	◯ **Maintenance Dose:** Take _____ mg by mouth twice daily	◯ 30 Day Supply ◯ 90 Day Supply	
◯ **AUSTEDO® XR** (deutetrabenazine)	◯ 6mg tablets ◯ 12mg tablets ◯ 18mg tablets ◯ 24mg tablets ◯ 30mg tablets ◯ 36mg tablets ◯ 42mg tablets ◯ 48mg tablets	◯ **Dose Titration:** Week 1: Week 2: Week 3: Week 4:	QS for titration period	**No Refills**
	◯ Titration Kit (4 weeks)	◯ **Dose Titration:** Take as directed on titration package	1 package	**No Refills**
	◯ 6mg tablets ◯ 12mg tablets ◯ 18mg tablets ◯ 24mg tablets ◯ 30mg tablets ◯ 36mg tablets ◯ 42mg tablets ◯ 48mg tablets	◯ **Maintenance Dose:** Take _____ mg by mouth once daily	◯ 30 Day Supply ◯ 90 Day Supply	
◯ **TETRABENAZINE** (generic Xenazine®)	◯ 12.5mg tablets ◯ 25mg tablets	◯ **Dose Titration:** Week 1: Week 3: Week 2: Week 4:	QS for titration period	**No Refills**
	◯ 12.5mg tablets ◯ 25mg tablets	◯ **Maintenance Dose:** Take _____ mg by mouth _____ times daily	◯ 30 Day Supply ◯ 90 Day Supply	

By signing this form and utilizing our services, you are authorizing Meijer and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature	Date	Prescriber Signature	Date

Substitution Permitted

Dispense as Written

If brand is required, please write "DAW" in the box to the right.