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Orsini Specialty Pharmacy

# MOVEMENT DISORDERS PATIENT ENROLLMENT FORM

## 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.**

## 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

◯ May Substitute ◯ Dispense as Written

| MEDICATION & STRENGTH | DOSE & DIRECTIONS | QTY | REFILLS |
|---|---|---|---|
| ◯ **Austedo*** <br>☐ 6mg tablet <br>☐ 9mg tablet <br>☐ 12mg tablet <br>◯ **Austedo XR*** <br>☐ 6mg XR tablet <br>☐ 12mg XR tablet <br>☐ 24mg XR tablet <br>☐ 30mg XR tablet <br>☐ 36mg XR tablet <br>☐ 42mg XR tablet <br>☐ 48mg XR tablet <br>**For titration & continuing dosing, select desired strengths and SP to provide appropriate quantities based on the listed days supply.* | ☐ **Initial Titration** <br>• 12mg/day (6mg BID or 12mg XR QD) x Week 1 <br>• 18mg/day (9mg BID or 12mg XR + 6mg XR QD) x Week 2 <br>• 24mg/day (12mg BID or 24mg XR QD) x Week 3 <br>• 30mg/day (15mg BID or 30mg XR QD) x Week 4 | 28 Days | 0 |
| | **Continuing & Sampled Patients** <br>Titrate weekly by 6mg/day from current dose of ___ mg/day to reach the dose selected below (select one): <br>◯ 24mg/day (12mg BID or 24mg XR QD) <br>◯ 30mg/day (15mg BID or 30mg XR QD) <br>◯ 36mg/day (18mg BID or 36mg XR QD) <br>◯ 42mg/day (21mg BID or 42mg XR QD) <br>◯ 48mg/day (24mg BID or 48mg XR QD) <br>◯ Other Rx or Switch from Tetrabenazine* Sig: _____ **Start at 50% of current TBZ dose* | 30 Days | _____ |
| ◯ **Ingrezza** <br>☐ 40mg capsule <br>☐ 60mg capsule <br>☐ 80mg capsule | ◯ **Initial Titration** – Tardive Dyskinesia <br>• 40mg by mouth once daily x 7 days, then <br>• 80mg by mouth once daily x 21 days | 28 Days | 0 |
| | ◯ **Initial Titration** – Huntington's Disease Chorea <br>• 40mg by mouth once daily x 14 days, then <br>• 60mg by mouth once daily x 14 days | 28 Days | 0 |
| | **Maintenance Dose** <br>◯ 40mg by mouth once daily <br>◯ 60mg by mouth once daily <br>◯ 80mg by mouth once daily <br>◯ Other Rx Sig: _____ | 30 Days | _____ |

Physician's Signature _____ Date of Signature _____