



CSI Pharmacy
Toll Free: 1-844-680-2944
Pharmacy Fax: 903-223-6109

- Copay Assistance Team
- 24/7 On call Pharmacist
- Prior Authorizations
- Close Clinical Monitoring

Austedo Order Form

PATIENT INFORMATION

Patient Name				Patient/Caregiver (if applicable)			
Address			City	State	Zip code		
Main Phone	Alternate phone		Email Address		Last 4 Digits SSN (required)		
Date of Birth							
DIAGNOSIS: HD - G10 TD - G24.01 Tourettes - F95.2 Dystonia - G24.8 Other							
Please include Facesheet, H&P and Clinicals.							

INSURANCE INFORMATION

Insurance Name			Insurance ID number				
BIN number			PCN number		RX Group number		

MEDICATION ORDERS

Austedo (deutetrabenazine) Tablets

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
TD PATIENT	Total daily dosage	12 mg	18 mg	24 mg	30 mg	36 mg	42 mg	48 mg	
	Sig	6 mg BID	9 mg BID	12 mg BID	15 mg BID	18 mg BID	21 mg BID	24 mg BID	
	Strength/Quantity	6 mg tab (Qty 14)	9 mg tab (Qty 14)	12 mg tab (Qty 14)	6 mg tab + 9 mg tab (Qty 14) (Qty 14)	9 mg tab (Qty 28)	9 mg tab + 12 mg tab (Qty 14) (Qty 14)	12 mg tab (Qty 28)	
HD PATIENT	Total daily dosage	6 mg	12 mg	18 mg	24 mg	30 mg	36 mg	42 mg	48 mg
	Sig	6 mg once daily	6 mg BID	9 mg BID	12 mg BID	15 mg BID	18 mg BID	21 mg BID	24 mg BID
	Strength/Quantity	6 mg tab (Qty 7)	6 mg tab (Qty 14)	9 mg tab (Qty 14)	12 mg tab (Qty 14)	6 mg tab + 9 mg tab (Qty 14) (Qty 14)	9 mg tab (Qty 28)	9 mg tab + 12 mg tab (Qty 14) (Qty 14)	12 mg tab (Qty 28)

TITRATION RX: TD - week titration or HD - week titration

Titrate using dosing schedule above starting with "Week 1" and increasing for the prescribed number of weeks.

MAINTENANCE RX: mg TWICE daily Refills:

Quantity: 30 day 90 day

Dispense Qty: use combination of 6mg, 9mg, 12mg tablets to provide appropriate dosing as requested

CSI Pharmacy will

PHYSICIAN INFORMATION

Physician Name		Address		City		State	Zip Code
Phone	Fax			NPI	Practice Site Name		
Office Contact and special instructions:							

By signing this form and utilizing our services, you are authorizing CSI PHARMACY and it's employees to serve as your prior authorization agent when dealing with medical and prescription insurance companies.

 Prescriber's Signature (no stamps)

 Date

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