

# Prescription Form



**AbilifyAsimtufii**  
(aripiprazole) extended release suspension for injection

Please fill out **applicable fields OR indicate that the information is attached**. When finished, fax the completed form to your pharmacy of choice.

PATIENT	Patient Name: _____ Date of Birth: ____/____/____ Sex: M F
	ICD-10 Diagnosis Code: _____ Diagnosis: _____
	Does the patient have a documented history of poor adherence to prescribed treatment? Yes No
	Has the patient received educational efforts to improve adherence with prescribed treatment? Yes No
Did the patient receive ABILIFY ASIMTUFII® (aripiprazole) in the inpatient setting prior to discharge? Yes No	
Does the patient have significant clinical relapse, or is he or she at high risk for relapse? Yes No	

PRESCRIPTION	Verbal Prescription Phone: (____) _____ - _____ Physical Prescription Fax: (____) _____ - _____												
	E-scribe Information: _____												
	<table border="1"><thead><tr><th>MEDICATION: ABILIFY ASIMTUFII</th><th>DISPENSE</th><th>QUANTITY</th><th>REFILLS</th></tr></thead><tbody><tr><td>Single-dose pre-filled syringe</td><td>720 mg</td><td>1 unit</td><td></td></tr><tr><td>Single-dose pre-filled syringe</td><td>960 mg</td><td>1 unit</td><td></td></tr></tbody></table>	MEDICATION: ABILIFY ASIMTUFII	DISPENSE	QUANTITY	REFILLS	Single-dose pre-filled syringe	720 mg	1 unit		Single-dose pre-filled syringe	960 mg	1 unit	
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DIRECTIONS: _____ _____													

PRESCRIBER	Prescriber Name: _____
	State License #: _____ DEA #: _____ NPI: _____
	Additional Contact Person Name: _____
	Group or Hospital: _____ Phone: (____) _____ - _____
	Fax: (____) _____ - _____ Email Address: _____
	Address: _____ City: _____ State: _____ Zip: _____
_____ Prescriber Signature _____ Date _____ Dispensed as Written	

DELIVERY	Ship To: Patient Prescriber/Clinic LCC
	Phone: (____) _____ Date Medication Needed: ____/____/____
	Attn: _____
	Address: _____



**Integrated Pharmacy Network (IPN)** is a collective of retail and specialty pharmacies with expertise in mental health that provide a centralized touch point for enhanced coordination of care, serving the unique needs of your patients from prescription to medication administration.



**Local Care Centers (LCCs)** are a network of alternative locations in the community where your patients can receive their prescribed ABILIFY ASIMTUFII injections at flexible times and at convenient locations.

Please see [FULL PRESCRIBING INFORMATION](#), including **BOXED WARNING**.



Otsuka

