

Prescription Form



Abilify Maintena
(aripiprazole) for extended release injectable suspension

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: <input type="radio"/> M <input type="radio"/> 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 MAINTENA® (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: _____			
	MEDICATION: ABILIFY MAINTENA	DISPENSE	QUANTITY	REFILLS
	Dual Chamber Syringe (DCS)	300 mg	1 unit	
Vial Kit	400 mg	3 units		
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 MAINTENA injections at flexible times and at convenient locations.

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



Otsuka

