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: ○ 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 recieve 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: ______________________

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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

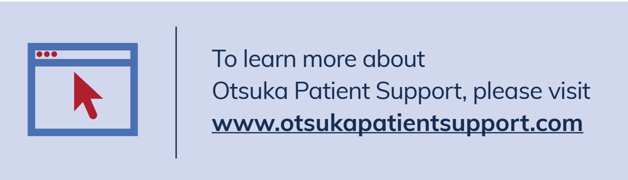
Ship To: Patient Prescriber/Clinic LCC

Phone: (_____)______-__________ Date Medication Needed: ____/____/______

Attn: ______________________

Address: ______________________

Patient Support Managers (PSMs) *are your main contact for Otsuka Patient Support and provide personal, on-site field support. Please contact your local PSM or call 1-855-242-7787.*



Please see FULL PRESCRIBING INFORMATION, including **BOXED WARNING**.

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