**Note:** This prescription is valid only if transmitted by facsimile from the prescriber's office. This form is not a valid prescription in Arizona or Virginia. Physician must attest that this is his/her legal signature (no stamps). Prescriber must comply with his/her state-specific requirements such as state-specific prescription forms, electronic prescribing requirements, product substitution or any other prescription element which may be required and that is not captured by this form. For this reason, the prescription form below should only be used if permitted by the applicable laws in your state.

# Rexulti® Prescription & Enrollment Form

Genoa Healthcare®

Order Date: _____ Appointment Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ DOB: _____

Insurance Company: _____ ID #: _____

Group #: _____ Emergency Contact: _____

## PRESCRIPTION INFORMATION

Diagnosis (ICD10): _____

☐ Agitation with dementia due to Alzheimer's disease ☐ Adjunct MDD

☐ Schizophrenia ☐ Other: _____

Allergies: _____

REXULTI® (brexpiprazole) Tablets

☐ Starter Pack SIG: _____

☐ 0.25 mg SIG: _____

☐ 0.5 mg SIG: _____

☐ 1 mg SIG: _____

☐ 2 mg SIG: _____

☐ 3 mg SIG: _____

☐ 4 mg SIG: _____

SUPPLY: ☐ 30-day ☐ 90-day REFILLS: _____

## PRESCRIBER INFORMATION

Prescriber Name: _____ NPI: _____

Office Address: _____

Phone: _____ Fax: _____

## SIGNATURE

Prescriber Signature: _____ Date: _____

**CONFIDENTIALITY STATEMENT:** This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivery of the communication, you are hereby notified that any dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Genoa Healthcare and/or one of its affiliates. This form is not a valid prescription in Arizona and Virginia.