

## ANTIDEPRESSANT MEDICATION REQUEST FORM

### PRESCRIBER INFORMATION:

Date (mm/dd/yyyy): \_\_\_\_\_

To the Prescribing Office of: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_ DEA #: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Patient First Name: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_

Patient DOB (mm/dd/yyyy): \_\_\_\_\_

### MESSAGE:

We are the dispensing pharmacy for the [Otsuka Patient Assistance Foundation, Inc \(OPAF\)](#). The patient indicated above has been approved to have an additional antidepressant medication dispensed with their REXULTI® (brexiprazole) medication. In order to fulfill the additional product, we will need a prescription from you sent to our pharmacy. Please fill out the following information and sign at the bottom if you wish to have your patient on the medication indicated below.

### PRESCRIPTION INFORMATION:

\*Antidepressant Generic Name: \_\_\_\_\_ (see OPAF supported list on page 2)

Dosage (mg): \_\_\_\_\_

Day's Supply: (Check one) 90 60 30

Number of Refills: \_\_\_\_\_

Direction: \_\_\_\_\_

I appoint the Otsuka Patient Assistance Foundation (hereafter, referred to as OPAF) to convey this prescription to the dispensing pharmacy. I certify that therapy with the above-mentioned product is medically necessary for this patient and I have reviewed the current Prescribing Information for the prescribed product. I attest that I am not on the HHS/OIG List of Excluded Individuals and Entities and that I am presently authorized under state law to prescribe this medication. I authorize and appoint OPAF to convey on my behalf any prescription information delivered to the dispensing pharmacy. For the purposes of transmitting this prescription, I authorize OPAF and its affiliates as my agent for these limited purposes to forward this prescription electronically, or via fax, or via mail to the dispensing pharmacy. I certify that any medication received will be used only for the patient named on this application and will not be offered for sale, trade, or barter. I acknowledge that OPAF is a free goods, non-profit program that assists patients that have been approved for assistance by meeting specific criteria. I acknowledge, that at any time, I can change or withdraw this prescription on the patient's behalf due to the medical needs of the patient by calling 1-855-727-6274 or by sending a written notice to OPAF at Otsuka Patient Assistance Foundation Inc., PO Box 501878, San Diego, CA 92150-1878. I understand that OPAF may revise, change, or terminate programs at any time.

Licensed Prescriber Signature: \_\_\_\_\_



Date: \_\_\_\_\_

**REXULTI**<sup>®</sup>  
brexpiprazole  
tablets

Please see [FULL PRESCRIBING INFORMATION](#), including **BOXED WARNING** and [MEDICATION GUIDE](#) at [www.rexulti.com](http://www.rexulti.com).

### ANTIDEPRESSANT MEDICATION REQUEST FORM (CONT'D)

\*These are the antidepressants that OPAF provides, free of cost, to eligible patients that have been prescribed Rexulti.

GENERIC NAME	STRENGTH	FORM	GENERIC NAME	STRENGTH	FORM
Amitriptyline HCl	10MG	TAB	Maprotiline Hcl	25MG	TAB
Amitriptyline HCl	25MG	TAB	Mirtazapine	15MG	TAB
Amitriptyline HCl	50MG	TAB	Mirtazapine	30MG	TAB
Amitriptyline HCl	75MG	TAB	Mirtazapine	45MG	TAB
Amitriptyline HCl	100MG	TAB	Nortriptyline Hcl	10MG	CAP
Amitriptyline HCl	150MG	TAB	Nortriptyline Hcl	25MG	CAP
Bupropion Hydrochloride Er (SR) 12hr	100MG	TAB	Nortriptyline Hcl	50MG	CAP
Bupropion Hydrochloride Er (SR) 12hr	150MG	TAB	Nortriptyline Hcl	75MG	CAP
Bupropion Hydrochloride Er (SR) 12hr	200MG	TAB	Paroxetine Hcl	10MG	TAB
Bupropion Hydrochloride Er (XL) 24hr	150MG	TAB	Paroxetine Hcl	20MG	TAB
Bupropion Hydrochloride Er (XL) 24hr	300MG	TAB	Paroxetine Hcl	30MG	TAB
Bupropion HCl	75MG	TAB	Paroxetine Hcl	40MG	TAB
Bupropion HCl	100MG	TAB	Paroxetine HCl ER	12.5MG	TAB
Citalopram Hydrobromide	10MG	TAB	Paroxetine HCl ER	25MG	TAB
Citalopram Hydrobromide	20MG	TAB	Paroxetine HCl ER	37.5MG	TAB
Citalopram Hydrobromide	40MG	TAB	Phenelzine Sulfate	15MG	TAB
Desipramine Hcl	10MG	TAB	Quetiapine Fumarate	25MG	TAB
Desipramine Hcl	25MG	TAB	Quetiapine Fumarate	50MG	TAB
Desipramine Hcl	50MG	TAB	Quetiapine Fumarate	100MG	TAB
Desipramine Hcl	75MG	TAB	Quetiapine Fumarate	200MG	TAB
Desipramine Hcl	100MG	TAB	Quetiapine Fumarate	300MG	TAB
Desipramine Hcl	150MG	TAB	Quetiapine Fumarate	400MG	TAB
Desvenlafaxine Succinate ER	25MG	TAB	Quetiapine Fumarate ER	50MG	TAB
Desvenlafaxine Succinate ER	50MG	TAB	Quetiapine Fumarate ER	150MG	TAB
Desvenlafaxine Succinate ER	100MG	TAB	Quetiapine Fumarate ER	200MG	TAB
Doxepin Hcl	10MG	CAP	Quetiapine Fumarate ER	300MG	TAB
Doxepin Hcl	25MG	CAP	Quetiapine Fumarate ER	400MG	TAB
Doxepin Hcl	50MG	CAP	Sertraline Hcl	25MG	TAB
Doxepin Hcl	75MG	CAP	Sertraline Hcl	50MG	TAB
Doxepin Hcl	100MG	CAP	Sertraline Hcl	100MG	TAB
Doxepin Hcl	150MG	CAP	Tranlycypromine Sulfate	10MG	TAB
Duloxetine Delayed Release	20MG	CAP	Trazodone Hcl	50MG	TAB
Duloxetine Delayed Release	30MG	CAP	Trazodone Hcl	100MG	TAB
Duloxetine Delayed Release	40MG	CAP	Trazodone Hcl	150MG	TAB
Duloxetine Delayed Release	60MG	CAP	Venlafaxine Hcl	25MG	TAB
Escitalopram Oxalate	5MG	TAB	Venlafaxine Hcl	37.5MG	TAB
Escitalopram Oxalate	10MG	TAB	Venlafaxine Hcl	50MG	TAB
Escitalopram Oxalate	20MG	TAB	Venlafaxine Hcl	75MG	TAB
Fluoxetine Hcl	10MG	CAP	Venlafaxine Hcl	100MG	TAB
Fluoxetine Hcl	20MG	CAP	Venlafaxine Hcl Er	37.5MG	CAP
Fluoxetine Hcl	40MG	CAP	Venlafaxine Hcl Er	75MG	CAP
Fluoxetine Hcl	60MG	CAP	Venlafaxine Hcl Er	150MG	CAP
Imipramine Hcl	10MG	TAB	Venlafaxine Hcl Er	37.5MG	TAB
Imipramine Hcl	25MG	TAB	Venlafaxine Hcl Er	75MG	TAB
Imipramine Hcl	50MG	TAB	Venlafaxine Hcl Er	150MG	TAB



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