

# HD TREATMENT TRACKING GUIDE

For the treatment of **Huntington's disease (HD) chorea** in adults

ONCE-DAILY  
**Austedo XR**  
(deutetrabenazine)  
extended-release  
6 mg, 12 mg, and 24 mg tablets

## AS YOU GO WITH **AUSTEDO**<sup>®</sup> (deutetrabenazine) tablets

*Reduce the movements of HD chorea by setting goals and tracking treatment progress with once-daily AUSTEDO XR*



### **APPROVED USE**

AUSTEDO XR and AUSTEDO are prescription medicines that are used to treat the involuntary movements (chorea) of Huntington's disease. AUSTEDO XR and AUSTEDO do not cure the cause of the involuntary movements, and it does not treat other symptoms of Huntington's disease, such as problems with thinking or emotions.

It is not known if AUSTEDO XR and AUSTEDO are safe and effective in children.

### **IMPORTANT SAFETY INFORMATION**

**AUSTEDO XR and AUSTEDO can cause serious side effects in people with Huntington's disease, including: depression, suicidal thoughts, or suicidal actions.**

**Do not** start taking AUSTEDO XR or AUSTEDO if you are depressed (have untreated depression or depression that is not well controlled by medicine) **or** have suicidal thoughts. Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts or feelings. This is especially important when AUSTEDO XR or AUSTEDO is started and when the dose is changed. Call your healthcare provider right away if you become depressed, have unusual changes in mood or behavior, or have thoughts of suicide.

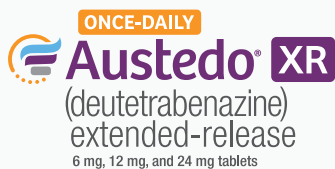
Please read **Important Safety Information** on pages 14-15 and click [here](#) or visit [www.AUSTEDO.com](http://www.AUSTEDO.com) to read or print the **Medication Guide** for AUSTEDO XR.

**teva**



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# WELCOME

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This guide is designed to support you or the person you care for when starting treatment for Huntington's disease (HD) chorea with AUSTEDO XR.

## ***How to use this resource:***

- 1** *Define your personal HD chorea treatment goals.*
- 2** *Determine the steps you'll take to achieve those goals.*
- 3** *Track progress during treatment with AUSTEDO XR.*
- 4** *Bring this guide with you to each doctor appointment to help assess progress and discuss treatment.*

## **IMPORTANT SAFETY INFORMATION (CONTINUED)**

**Do not take AUSTEDO XR or AUSTEDO® (deutetrabenazine) tablets if you:**

- have Huntington's disease and are depressed or have thoughts of suicide.
- have liver problems.

# HUNTINGTON'S DISEASE (HD) CHOREA TREATMENT GOALS

You and your healthcare team have worked together to develop a plan to treat your HD chorea that includes AUSTEDO® XR (deutetrabenazine) extended-release tablets. Set treatment goals to stay on track with this plan.

## ***Here are a few questions to get you started.***

Write answers in the spaces provided and share them with your healthcare team:

**1** ***What involuntary movements are you hoping treatment will help?***

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**2** ***What HD chorea treatment goals have you set with your healthcare team?***

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**3** ***What steps have you and your healthcare team identified to help you achieve those HD chorea treatment goals?***

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**4** ***How will achieving HD chorea treatment goals help you and/or the person you care for?***

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## **IMPORTANT SAFETY INFORMATION (CONTINUED)**

**Do not take AUSTEDO XR or AUSTEDO® (deutetrabenazine) tablets if you:**

- are taking reserpine. **Do not** take medicines that contain reserpine with AUSTEDO XR or AUSTEDO. If your healthcare provider plans to switch you from taking reserpine to AUSTEDO XR or AUSTEDO, you must wait at least 20 days after your last dose of reserpine before you start taking AUSTEDO XR or AUSTEDO.



# GETTING YOUR PRESCRIPTION IS EASIER WITH TEVA SHARED SOLUTIONS®

**Your doctor can send your AUSTEDO® XR (deutetrabenazine) extended-release tablets prescription in 1 of 2 ways:**

## **teva** | *With* Shared Solutions

Once you or your doctor enrolls you in **Shared Solutions**, our patient support program, here's what to expect:

Your prescription can be sent **directly to Shared Solutions**. They will confirm that it can be sent to the preferred pharmacy, identify financial assistance options, help make treatment affordable, and assist navigating Medicare Part D.

Your pharmacy will ship your prescription (and future refills) to you. Once you start your prescription, a **Shared Solutions nurse** will call you to provide ongoing support throughout your treatment and support with future refills.

## *Without* Shared Solutions

If you are not enrolled when AUSTEDO XR is prescribed, here's what to expect:

Your prescription can be sent directly to the preferred pharmacy.

You and your doctor are responsible for identifying financial assistance options, navigating Medicare Part D, and identifying a different pharmacy if the preferred pharmacy is out of network.

Your pharmacy will ship your prescription (and future refills) to you. You will not receive **Shared Solutions** nurse support, and you are responsible for the future refills process.

Navigating insurance and billing information can be overwhelming. Teva **Shared Solutions**, our patient support program, can help ease the process by handling it for you.

Call **1-800-887-8100** or visit **MySharedSolutions.com** to find out more.

## **IMPORTANT SAFETY INFORMATION (CONTINUED)**

**Do not take AUSTEDO XR or AUSTEDO® (deutetrabenazine) tablets if you:**

- are taking a monoamine oxidase inhibitor (MAOI) medicine. **Do not** take an MAOI within 14 days after you stop taking AUSTEDO XR or AUSTEDO. **Do not** start AUSTEDO XR or AUSTEDO if you stopped taking an MAOI in the last 14 days. Ask your healthcare provider or pharmacist if you are not sure.

# **DOSING OF AUSTEDO® XR (DEUTETRABENAZINE) EXTENDED-RELEASE TABLETS**

Once-daily AUSTEDO XR is a titrated medication, which means your doctor will adjust your dose up or down until you find the dose that provides the most movement reduction while ensuring the medicine is tolerated.



**Talk to your doctor about taking  
AUSTEDO XR for once-daily dosing.**



**Start AUSTEDO XR at no cost with  
the 4-week Titration Kit**

*Available as a sample or with a prescription from your doctor*

Packaging not to scale.

Upon completion of the Titration Kit, your doctor will write you a prescription for AUSTEDO XR and determine what daily dose is right for you. Once you reach a dose that provides effective movement reduction and is tolerated, that will become your **maintenance dose**—the dose you stay on moving forward.

## **IMPORTANT SAFETY INFORMATION (CONTINUED)**

**Do not take AUSTEDO XR or AUSTEDO® (deutetrabenazine) tablets if you:**

- are taking tetrabenazine. If your healthcare provider plans to switch you from tetrabenazine to AUSTEDO XR or AUSTEDO, take your first dose of AUSTEDO XR or AUSTEDO on the day after your last dose of tetrabenazine.
- are taking valbenazine.

# **HOW TO TAKE AUSTEDO® XR (DEUTETRABENAZINE) EXTENDED-RELEASE TABLETS**

Life can get busy, and sometimes it's not always easy to remember all of your doctor's instructions. **However, it is important that you take AUSTEDO XR exactly as prescribed by your doctor.**

## **AUSTEDO XR should be taken:**



**Once daily**



**With water**



**Whole (do not  
crush or break)**



**With or  
without food**

If you cannot swallow AUSTEDO XR tablets whole, tell your healthcare provider. You may need a different medicine.

**Be sure to ask your doctor or pharmacist if you have any questions about prescription instructions**

## **IMPORTANT SAFETY INFORMATION (CONTINUED)**

### **Other possible serious side effects include:**

- **Irregular heartbeat (QT prolongation).** AUSTEDO XR and AUSTEDO® (deutetrabenazine) tablets increases your chance of having certain changes in the electrical activity in your heart. These changes can lead to a dangerous abnormal heartbeat. Taking AUSTEDO XR or AUSTEDO with certain medicines may increase this chance.
- **Neuroleptic Malignant Syndrome.** Call your healthcare provider right away and go to the nearest emergency room if you develop these signs and symptoms that do not have another obvious cause: high fever, stiff muscles, problems thinking, very fast or uneven heartbeat, or increased sweating.

## SWITCHING FROM TETRABENAZINE

**You can start AUSTEDO® XR (deutetrabenazine) extended-release tablets the day after you stop tetrabenazine.**



**Last Dose**  
tetrabenazine



**First Dose**  
AUSTEDO XR

***This means you can continue treating your HD chorea without missing a dose***

### **IMPORTANT SAFETY INFORMATION (CONTINUED)**

**Other possible serious side effects include:**

- **Restlessness.** You may get a condition where you feel a strong urge to move. This is called akathisia.
- **Parkinsonism.** Symptoms include: slight shaking, body stiffness, trouble moving, trouble keeping your balance, or falls.



## STAYING ON TRACK

**It's important to take AUSTEDO® XR (deutetrabenazine) extended-release tablets as prescribed. Use these tips to help you stay on track.**



### **Have a plan**

- Before starting AUSTEDO XR, talk to your doctor about what to do if you miss a dose
- Add your dosing schedule to your other daily routines so you will be less likely to miss a dose
- Tell your doctor if you stop taking AUSTEDO XR for more than 1 week. Do not take another dose until you talk to your doctor



### **Set a routine**

- Follow the dosing schedule exactly as prescribed by your doctor
- Set an alarm as a treatment reminder
- Keep your AUSTEDO XR tablets in the same place so you know where they are



### **Record your treatment**

- Use the Progress Tracker and Activity Log included in this guide to record when AUSTEDO XR is taken and any questions you have for your doctor



### **Reach your appropriate dose**

- Work with your doctor to find the dose of AUSTEDO XR that works for you
- It's important to take AUSTEDO XR exactly as your doctor prescribes it
- Your doctor may adjust your dose up or down in the first few weeks of treatment based on reduction of movements and how well the medicine is tolerated.

## **IMPORTANT SAFETY INFORMATION (CONTINUED)**

**Sleepiness (sedation) is a common side effect of AUSTEDO XR and AUSTEDO® (deutetrabenazine) tablets.** While taking AUSTEDO XR or AUSTEDO, do not drive a car or operate dangerous machinery until you know how AUSTEDO XR or AUSTEDO affects you. Drinking alcohol and taking other drugs that may also cause sleepiness while you are taking AUSTEDO XR or AUSTEDO may increase any sleepiness caused by AUSTEDO XR and AUSTEDO.



## **ANSWERING YOUR QUESTIONS**

***It's completely normal to have concerns when starting a new medication. Here are some common questions from patients and care partners, with answers provided by a healthcare professional:***

***Q: Why did my doctor prescribe AUSTEDO® XR (deutetrabenazine) extended-release tablets for me/the person I care for?***

***A:*** After discussing HD chorea with you, your doctor likely considered the impact uncontrolled movements were having on your life and how AUSTEDO XR may help before making the decision to prescribe it.

In a clinical study, AUSTEDO® (deutetrabenazine) tablets were effective for the treatment of HD chorea. In a clinical study, people taking AUSTEDO demonstrated more than a 2x reduction in movement severity scores after 12 weeks versus placebo.\*

\*Once-daily AUSTEDO XR contains the same active ingredient as twice-daily AUSTEDO. Data on this page is based on twice-daily dosing.

***Q: How long does it take for AUSTEDO XR to start working?***

***A:*** HD chorea affects everyone differently, so treatment results may vary from person to person. While some people may start to experience treatment benefits sooner, it may take up to 12 weeks to see the effects of AUSTEDO XR.

At your next appointment, your doctor will assess your progress, and together, you and your care partner can decide if your treatment plan should be adjusted or not.

AUSTEDO XR does not cure the cause of the involuntary movements, and it does not treat the other symptoms of HD, such as problems with thinking or emotions.

### **IMPORTANT SAFETY INFORMATION (CONTINUED)**

**The most common side effects of AUSTEDO in people with Huntington's disease include** sleepiness (sedation), diarrhea, tiredness, and dry mouth.





**Q: Why might my doctor adjust my dose?**

**A:** AUSTEDO® XR (deutetrabenazine) extended-release tablets allows your doctor to adjust your dose up or down based on reduction of movements and how well the medicine is tolerated. Your doctor may refer to adjusting your dose as titration. This titration period is different for everyone. It is important to take AUSTEDO XR exactly as your doctor tells you to take it.

**Q: What happens after I reach my appropriate dose?**

**A:** Once your doctor determines the dose of AUSTEDO XR that's right for you, that amount would become the ongoing maintenance dose. It's important to track treatment progress (using the Progress Tracker included in this guide) both during the titration period and with the maintenance dose, so your treatment plan can be adjusted if something changes.

**IMPORTANT SAFETY INFORMATION (CONTINUED)**

**The most common side effects of AUSTEDO® (deutetrabenazine) tablets in people with tardive dyskinesia include** inflammation of the nose and throat (nasopharyngitis) and problems sleeping (insomnia).

The most common side effects of AUSTEDO XR are expected to be similar to AUSTEDO in people with Huntington's disease or tardive dyskinesia.

These are not all the possible side effects of AUSTEDO XR or AUSTEDO. Call your doctor for medical advice about side effects. You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call **1-800-FDA-1088**.

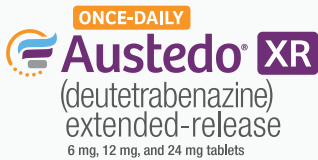


**Q: What about side effects?**

**A:** The most common side effects are sleepiness (sedation), diarrhea, dry mouth, and tiredness. Read the **Important Safety Information** on the following pages and the accompanying **Medication Guide** to learn about possible side effects of AUSTEDO XR® (deutetrabenazine) extended-release tablets. As with any medication, it's always important to discuss any and all possible side effects with your doctor before you start taking AUSTEDO XR. It's also important to keep your doctor informed about how you are feeling throughout treatment. If something doesn't feel right, discuss it with your doctor first so they can adjust your treatment plan as necessary.

**Q: What happens if I forget and miss a dose/the person I'm caring for forgets and misses a dose?**

**A:** As cognitive function declines, people with Huntington's disease may find it difficult to remember to take their medications as prescribed. Before starting AUSTEDO XR, talk to your doctor about what to do if you/the person you're caring for forget(s) a dose. Also, be sure to tell your doctor if you/they stop(s) taking AUSTEDO XR for more than 1 week. Do not take another dose until you talk to your doctor. Using the Progress Tracker and Activity Log included later in this guide will help you remember to take daily medication as prescribed.



## APPROVED USE

AUSTEDO XR (deutetrabenazine) extended-release tablets and AUSTEDO® (deutetrabenazine) tablets are prescription medicines that are used to treat the involuntary movements (chorea) of Huntington's disease. AUSTEDO XR and AUSTEDO do not cure the cause of the involuntary movements, and it does not treat other symptoms of Huntington's disease, such as problems with thinking or emotions.

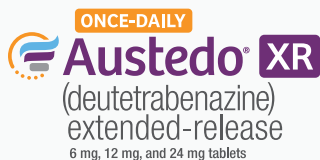
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## IMPORTANT SAFETY INFORMATION

**AUSTEDO XR and AUSTEDO can cause serious side effects in people with Huntington's disease, including: depression, suicidal thoughts, or suicidal actions. Do not** start taking AUSTEDO XR or AUSTEDO if you are depressed (have untreated depression or depression that is not well controlled by medicine) **or** have suicidal thoughts. Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts or feelings. This is especially important when AUSTEDO XR or AUSTEDO is started and when the dose is changed. Call your healthcare provider right away if you become depressed, have unusual changes in mood or behavior, or have thoughts of suicide.

### Do not take AUSTEDO XR or AUSTEDO if you:

- have Huntington's disease and are depressed or have thoughts of suicide.
- have liver problems.
- are taking reserpine. **Do not** take medicines that contain reserpine with AUSTEDO XR or AUSTEDO. If your healthcare provider plans to switch you from taking reserpine to AUSTEDO XR or AUSTEDO, you must wait at least 20 days after your last dose of reserpine before you start taking AUSTEDO XR or AUSTEDO.
- are taking a monoamine oxidase inhibitor (MAOI) medicine. **Do not** take an MAOI within 14 days after you stop taking AUSTEDO XR or AUSTEDO. **Do not** start AUSTEDO XR or AUSTEDO if you stopped taking an MAOI in the last 14 days. Ask your healthcare provider or pharmacist if you are not sure.
- are taking tetrabenazine. If your healthcare provider plans to switch you from tetrabenazine to AUSTEDO XR or AUSTEDO, take your first dose of AUSTEDO XR or AUSTEDO on the day after your last dose of tetrabenazine.
- are taking valbenazine.



### **IMPORTANT SAFETY INFORMATION (CONTINUED)**

#### **Other possible serious side effects include:**

- **Irregular heartbeat (QT prolongation).** AUSTEDO XR (deutetrabenazine) extended-release tablets and AUSTEDO<sup>®</sup> (deutetrabenazine) tablets increases your chance of having certain changes in the electrical activity in your heart. These changes can lead to a dangerous abnormal heartbeat. Taking AUSTEDO XR or AUSTEDO with certain medicines may increase this chance.
- **Neuroleptic Malignant Syndrome.** Call your healthcare provider right away and go to the nearest emergency room if you develop these signs and symptoms that do not have another obvious cause: high fever, stiff muscles, problems thinking, very fast or uneven heartbeat, or increased sweating.
- **Restlessness.** You may get a condition where you feel a strong urge to move. This is called akathisia.
- **Parkinsonism.** Symptoms include: slight shaking, body stiffness, trouble moving, trouble keeping your balance, or falls.

#### **Sleepiness (sedation) is a common side effect of AUSTEDO XR and AUSTEDO.**

While taking AUSTEDO XR or AUSTEDO, do not drive a car or operate dangerous machinery until you know how AUSTEDO XR or AUSTEDO affects you. Drinking alcohol and taking other drugs that may also cause sleepiness while you are taking AUSTEDO XR or AUSTEDO may increase any sleepiness caused by AUSTEDO XR and AUSTEDO.

**The most common side effects of AUSTEDO in people with Huntington's disease include** sleepiness (sedation), diarrhea, tiredness, and dry mouth.

**The most common side effects of AUSTEDO in people with tardive dyskinesia include** inflammation of the nose and throat (nasopharyngitis) and problems sleeping (insomnia).

The most common side effects of AUSTEDO XR are expected to be similar to AUSTEDO in people with Huntington's disease or tardive dyskinesia.

These are not all the possible side effects of AUSTEDO XR or AUSTEDO. Call your doctor for medical advice about side effects. You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call **1-800-FDA-1088**.



***Below are several online resources you may find helpful if you have questions about Huntington's disease.***

**Huntington's Disease Society of America (HDSA)**

[hdsa.org](https://hdsa.org)

**Honestly HD**

[HonestlyHD.com](https://HonestlyHD.com)

**National Institutes of Health (NIH)**

[ninds.nih.gov/health-information/disorders/huntingtons-disease](https://ninds.nih.gov/health-information/disorders/huntingtons-disease)

**MedlinePlus**

[medlineplus.gov/huntingtonsdisease.html](https://medlineplus.gov/huntingtonsdisease.html)

**Family Caregiver Alliance (FCA)**

[caregiver.org](https://caregiver.org)

**National Alliance for Caregiving (NAC)**

[caregiving.org](https://caregiving.org)

**Caregiver Action Network (CAN)**

[caregiveraction.org](https://caregiveraction.org)

**Huntington's Disease Youth Organization**

[en.hdyo.org](https://en.hdyo.org)

**Help for HD International**

[help4hd.org](https://help4hd.org)

**HD Buzz**

[en.hdbuzz.net](https://en.hdbuzz.net)



# PROGRESS TRACKER AND ACTIVITY LOG

Use this guide when talking to your doctor about treatment with **AUSTEDO® XR (deutetrabenazine) extended-release tablets.**

## 1 Recording treatment

Avoid questions about whether you're on track with your medications by using the progress tracker daily.

**Write the Week #** (eg, Week 1) and the month/day/year you start treatment.

**Note your prescribed dose** for that week from the dosing instructions provided by your doctor. Track progress both during the titration period and with the maintenance dose so your treatment plan can be adjusted if something changes.

Each day, **check the box once you've taken your AUSTEDO XR.**

Week # 1

Prescribed Dose

Total mg      Titrated:       Maintenance:

Check each box after taking

| SUN                                 | MON                                 | TUES                     | WED                      |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rate your ability to do daily activities compared to last week. At the end of each week, take a few minutes to evaluate your involuntary movements and rate the impact of HD chorea on the ability to perform certain activities compared to last week.

Involuntary Movements      Personal Care

Additional Daily Activities

better       same       worse

For example:

- eating and drinking
- making phone calls
- typing on the computer

This week I accomplished

## 2 Using the activity log

At the end of each week, take a few minutes to **evaluate your involuntary movements** and the impact they may have on daily activities compared to last week. **Bring this log with you** to any doctor appointments you may have within the next few weeks.

## 3 Notes

Use this space to **write down any questions you'd like to discuss** with your doctor during your next visit.

# DON'T FORGET REFILLS

If you need additional Progress Tracker and Activity Log sheets, go to [www.AUSTEDO.com/huntingtons-chorea/resources](http://www.AUSTEDO.com/huntingtons-chorea/resources).

**Remember to bring this log with you to all upcoming doctor appointments.**



Week # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Dose**

|  |          |   |  |                 |                          |                           |                           |
|--|----------|---|--|-----------------|--------------------------|---------------------------|---------------------------|
| <input style="width: 80%;" type="text"/> | Total mg | Titrated: <input style="width: 20px;" type="text"/> | Maintenance: <input style="width: 20px;" type="text"/> | Pills per dose: | <input type="radio"/> Q6 | <input type="radio"/> Q12 | <input type="radio"/> Q24 |
|--|----------|---|--|-----------------|--------------------------|---------------------------|---------------------------|

**Check each box after taking your daily dose**

| SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

**Rate your ability to do daily activities compared to last week**

At the end of each week, take a few minutes to evaluate your involuntary movements and rate the impact of HD chorea on the ability to perform certain activities compared to last week.

**Involuntary Movements**

|   |        |
|---|--------|
| <input style="width: 20px; height: 20px;" type="text"/> | better |
| <input style="width: 20px; height: 20px;" type="text"/> | same   |
| <input style="width: 20px; height: 20px;" type="text"/> | worse  |

**For example:**

- face
- mouth
- arms
- torso
- legs

**Personal Care**

|   |        |
|---|--------|
| <input style="width: 20px; height: 20px;" type="text"/> | better |
| <input style="width: 20px; height: 20px;" type="text"/> | same   |
| <input style="width: 20px; height: 20px;" type="text"/> | worse  |

**For example:**

- bathing
- getting dressed
- brushing your teeth

**Additional Daily Activities**

|   |        |
|---|--------|
| <input style="width: 20px; height: 20px;" type="text"/> | better |
| <input style="width: 20px; height: 20px;" type="text"/> | same   |
| <input style="width: 20px; height: 20px;" type="text"/> | worse  |

**For example:**

- eating and drinking
- making phone calls
- typing on the computer

**Questions to discuss with my doctor**

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**This week I accomplished**

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Week # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Dose**

|  |                 |  |   |                        |                          |                           |                           |
|--|-----------------|--|---|------------------------|--------------------------|---------------------------|---------------------------|
| <input style="width: 90%;" type="text"/> | <b>Total mg</b> | <b>Titrated:</b> <input style="width: 20px; height: 20px;" type="text"/> | <b>Maintenance:</b> <input style="width: 20px; height: 20px;" type="text"/> | <b>Pills per dose:</b> | <input type="radio"/> Q6 | <input type="radio"/> Q12 | <input type="radio"/> Q24 |
|--|-----------------|--|---|------------------------|--------------------------|---------------------------|---------------------------|

**Check each box after taking your daily dose**

| SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

**Rate your ability to do daily activities compared to last week**

At the end of each week, take a few minutes to evaluate your involuntary movements and rate the impact of HD chorea on the ability to perform certain activities compared to last week.

**Involuntary Movements**

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**For example:**

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**Personal Care**

|   |        |
|---|--------|
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**For example:**

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- brushing your teeth

**Additional Daily Activities**

|   |        |
|---|--------|
| <input style="width: 20px; height: 20px;" type="text"/> | better |
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**For example:**

- eating and drinking
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- typing on the computer

**Questions to discuss with my doctor**

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**This week I accomplished**

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Week # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Dose**

|  |          |   |  |   |
|--|----------|---|--|---|
| <input style="width: 80%;" type="text"/> | Total mg | Titrated: <input style="width: 20px; height: 20px;" type="text"/> | Maintenance: <input style="width: 20px; height: 20px;" type="text"/> | Pills per dose: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #ccc; display: flex; align-items: center; justify-content: center;">Q6</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #007bff; color: white; display: flex; align-items: center; justify-content: center;">Q12</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #6f42c1; color: white; display: flex; align-items: center; justify-content: center;">Q24</div> </div> |
|--|----------|---|--|---|

**Check each box after taking your daily dose**

| SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

**Rate your ability to do daily activities compared to last week**

At the end of each week, take a few minutes to evaluate your involuntary movements and rate the impact of HD chorea on the ability to perform certain activities compared to last week.

**Involuntary Movements**

|  |
|--|
| <input style="width: 30px; height: 20px;" type="text"/> better |
| <input style="width: 30px; height: 20px;" type="text"/> same   |
| <input style="width: 30px; height: 20px;" type="text"/> worse  |

**For example:**

- face
- mouth
- arms
- torso
- legs

**Personal Care**

|  |
|--|
| <input style="width: 30px; height: 20px;" type="text"/> better |
| <input style="width: 30px; height: 20px;" type="text"/> same   |
| <input style="width: 30px; height: 20px;" type="text"/> worse  |

**For example:**

- bathing
- getting dressed
- brushing your teeth

**Additional Daily Activities**

|  |
|--|
| <input style="width: 30px; height: 20px;" type="text"/> better |
| <input style="width: 30px; height: 20px;" type="text"/> same   |
| <input style="width: 30px; height: 20px;" type="text"/> worse  |

**For example:**

- eating and drinking
- making phone calls
- typing on the computer

**Questions to discuss with my doctor**

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**This week I accomplished**

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Week # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Dose**

|   |          |   |  |                 |                          |                           |                           |
|---|----------|---|--|-----------------|--------------------------|---------------------------|---------------------------|
| <input style="width: 100%; height: 30px;" type="text"/> | Total mg | Titrated: <input style="width: 20px; height: 20px;" type="text"/> | Maintenance: <input style="width: 20px; height: 20px;" type="text"/> | Pills per dose: | <input type="radio"/> Q6 | <input type="radio"/> Q12 | <input type="radio"/> Q24 |
|---|----------|---|--|-----------------|--------------------------|---------------------------|---------------------------|

**Check each box after taking your daily dose**

| SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

**Rate your ability to do daily activities compared to last week**

At the end of each week, take a few minutes to evaluate your involuntary movements and rate the impact of HD chorea on the ability to perform certain activities compared to last week.

**Involuntary Movements**

|   |        |
|---|--------|
| <input style="width: 20px; height: 20px;" type="text"/> | better |
| <input style="width: 20px; height: 20px;" type="text"/> | same   |
| <input style="width: 20px; height: 20px;" type="text"/> | worse  |

**For example:**

- face
- mouth
- arms
- torso
- legs

**Personal Care**

|   |        |
|---|--------|
| <input style="width: 20px; height: 20px;" type="text"/> | better |
| <input style="width: 20px; height: 20px;" type="text"/> | same   |
| <input style="width: 20px; height: 20px;" type="text"/> | worse  |

**For example:**

- bathing
- getting dressed
- brushing your teeth

**Additional Daily Activities**

|   |        |
|---|--------|
| <input style="width: 20px; height: 20px;" type="text"/> | better |
| <input style="width: 20px; height: 20px;" type="text"/> | same   |
| <input style="width: 20px; height: 20px;" type="text"/> | worse  |

**For example:**

- eating and drinking
- making phone calls
- typing on the computer

**Questions to discuss with my doctor**

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**This week I accomplished**

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Week # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Dose**

|  |          |   |  |                 |                          |                           |                           |
|--|----------|---|--|-----------------|--------------------------|---------------------------|---------------------------|
| <input style="width: 80%;" type="text"/> | Total mg | Titrated: <input style="width: 20px;" type="text"/> | Maintenance: <input style="width: 20px;" type="text"/> | Pills per dose: | <input type="radio"/> Q6 | <input type="radio"/> Q12 | <input type="radio"/> Q24 |
|--|----------|---|--|-----------------|--------------------------|---------------------------|---------------------------|

**Check each box after taking your daily dose**

| SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

**Rate your ability to do daily activities compared to last week**

At the end of each week, take a few minutes to evaluate your involuntary movements and rate the impact of HD chorea on the ability to perform certain activities compared to last week.

*Involuntary Movements*

|  |
|--|
| <input style="width: 30px;" type="text"/> better |
| <input style="width: 30px;" type="text"/> same   |
| <input style="width: 30px;" type="text"/> worse  |

**For example:**

- face
- mouth
- arms
- torso
- legs

*Personal Care*

|  |
|--|
| <input style="width: 30px;" type="text"/> better |
| <input style="width: 30px;" type="text"/> same   |
| <input style="width: 30px;" type="text"/> worse  |

**For example:**

- bathing
- getting dressed
- brushing your teeth

*Additional Daily Activities*

|  |
|--|
| <input style="width: 30px;" type="text"/> better |
| <input style="width: 30px;" type="text"/> same   |
| <input style="width: 30px;" type="text"/> worse  |

**For example:**

- eating and drinking
- making phone calls
- typing on the computer

*Questions to discuss with my doctor*

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*This week I accomplished*

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Week # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Dose**

|  |          |   |  |   |
|--|----------|---|--|---|
| <input style="width: 90%;" type="text"/> | Total mg | Titrated: <input style="width: 20px;" type="text"/> | Maintenance: <input style="width: 20px;" type="text"/> | Pills per dose: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #ccc; display: flex; align-items: center; justify-content: center;">Q6</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #007bff; color: white; display: flex; align-items: center; justify-content: center;">Q12</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #6f42c1; color: white; display: flex; align-items: center; justify-content: center;">Q24</div> </div> |
|--|----------|---|--|---|

**Check each box after taking your daily dose**

| SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

**Rate your ability to do daily activities compared to last week**

At the end of each week, take a few minutes to evaluate your involuntary movements and rate the impact of HD chorea on the ability to perform certain activities compared to last week.

*Involuntary Movements*

|   |        |
|---|--------|
| <input style="width: 30px;" type="text"/> | better |
| <input style="width: 30px;" type="text"/> | same   |
| <input style="width: 30px;" type="text"/> | worse  |

**For example:**

- face
- mouth
- arms
- torso
- legs

*Personal Care*

|   |        |
|---|--------|
| <input style="width: 30px;" type="text"/> | better |
| <input style="width: 30px;" type="text"/> | same   |
| <input style="width: 30px;" type="text"/> | worse  |

**For example:**

- bathing
- getting dressed
- brushing your teeth

*Additional Daily Activities*

|   |        |
|---|--------|
| <input style="width: 30px;" type="text"/> | better |
| <input style="width: 30px;" type="text"/> | same   |
| <input style="width: 30px;" type="text"/> | worse  |

**For example:**

- eating and drinking
- making phone calls
- typing on the computer

**Questions to discuss with my doctor**

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**This week I accomplished**

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Week # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Dose**

|  |          |   |   |
|--|----------|---|---|
| <input style="width: 80%;" type="text"/> | Total mg | Titrated: <input style="width: 20px; height: 20px;" type="text"/><br>Maintenance: <input style="width: 20px; height: 20px;" type="text"/> | Pills per dose: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #ccc; display: flex; align-items: center; justify-content: center;">Q6</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #007bff; color: white; display: flex; align-items: center; justify-content: center;">Q12</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; background-color: #6f42c1; color: white; display: flex; align-items: center; justify-content: center;">Q24</div> </div> |
|--|----------|---|---|

**Check each box after taking your daily dose**

| SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

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*Involuntary Movements*

|   |        |
|---|--------|
| <input style="width: 30px; height: 20px;" type="text"/> | better |
| <input style="width: 30px; height: 20px;" type="text"/> | same   |
| <input style="width: 30px; height: 20px;" type="text"/> | worse  |

**For example:**

- face
- mouth
- arms
- torso
- legs

*Personal Care*

|   |        |
|---|--------|
| <input style="width: 30px; height: 20px;" type="text"/> | better |
| <input style="width: 30px; height: 20px;" type="text"/> | same   |
| <input style="width: 30px; height: 20px;" type="text"/> | worse  |

**For example:**

- bathing
- getting dressed
- brushing your teeth

*Additional Daily Activities*

|   |        |
|---|--------|
| <input style="width: 30px; height: 20px;" type="text"/> | better |
| <input style="width: 30px; height: 20px;" type="text"/> | same   |
| <input style="width: 30px; height: 20px;" type="text"/> | worse  |

**For example:**

- eating and drinking
- making phone calls
- typing on the computer

**Questions to discuss with my doctor**

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**This week I accomplished**

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## MEDICAL INFORMATION

AUSTEDO® XR (deutetrabenazine) extended-release tablets start date:

**Primary care doctor** \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

**Neurologist** \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

**Hospital** \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

**Pharmacy** \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

**Insurance carrier** \_\_\_\_\_

Phone number \_\_\_\_\_

Health insurance member \_\_\_\_\_

**teva** | Shared Solutions

*Your go-to resource for financial assistance,  
nurse support, and benefits coverage.*



**1-800-887-8100**

Monday-Friday  
from 8 AM to 8 PM CT



# APPOINTMENT RECORD

**Record your next appointment date in the space provided.**

**My next appointment is:**

MONTH:

DAY:

TIME:

AM/PM

NOTES:

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**My next appointment is:**

MONTH:

DAY:

TIME:

AM/PM

NOTES:

---

---

---

---

**My next appointment is:**

MONTH:

DAY:

TIME:

AM/PM

NOTES:

---

---

---

---

**My next appointment is:**

MONTH:

DAY:

TIME:

AM/PM

NOTES:

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---

**My next appointment is:**

MONTH:

DAY:

TIME:

AM/PM

NOTES:

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**My next appointment is:**

MONTH:

DAY:

TIME:

AM/PM

NOTES:

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## REACH OUT TO US AND WE'LL REACH FOR SOLUTIONS TOGETHER



Teva **Shared Solutions®** is your dedicated support team to help you stay on track with treatment goals and answer any questions you have about starting and staying on AUSTEDO XR (deutetrabenzine) extended-release tablets.

### Sign up for Shared Solutions

by phone Monday-Friday  
from 8 AM to 8 PM CT at  
**1-800-887-8100**

OR

through our website anytime  
at **MySharedSolutions.com**

### IMPORTANT SAFETY INFORMATION

**AUSTEDO XR and AUSTEDO® (deutetrabenzine) tablets can cause serious side effects in people with Huntington's disease, including: depression, suicidal thoughts, or suicidal actions. Do not** start taking AUSTEDO XR or AUSTEDO if you are depressed (have untreated depression or depression that is not well controlled by medicine) **or** have suicidal thoughts. Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts or feelings. This is especially important when AUSTEDO XR or AUSTEDO is started and when the dose is changed. Call your healthcare provider right away if you become depressed, have unusual changes in mood or behavior, or have thoughts of suicide.

Please read **Important Safety Information** on pages 14-15 and click **here** or visit [www.AUSTEDO.com](http://www.AUSTEDO.com) to read or print the **Medication Guide** for AUSTEDO XR.