

#### PATIENT INFORMATION

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** ☐ M ☐ F  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_  
**Please Attach:** ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list  
☐ NKDA ☐ Allergies: \_\_\_\_\_

#### PRESCRIBER INFORMATION

**Ordering Provider Name:** \_\_\_\_\_  
**Provider NPI:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Practice Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

#### REQUIRED INFORMATION

**Documentation:**  
☐ Recent clinical and/or office visit notes supporting primary diagnosis  
☐ Prescription for oral Aripiprazole

#### ARISTADA PRESCRIPTION

**ICD-10 Diagnosis Codes** ☐ **F20.9** Schizophrenia, unspecified ☐ **F20.89** Other schizophrenia  
☐ **F20.3** Undifferentiated schizophrenia ☐ **F20.0** Paranoid schizophrenia  
☐ **Other:** \_\_\_\_\_

☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): \_\_\_\_\_

#### Dosing/Frequency:

- ☐ **Option 1:** Administer one injection of **675 mg** of **ARISTADA INITIO®** and one **30 mg** dose of oral aripiprazole in conjunction with the first **ARISTADA** injection.
- ☐ **Option 2:** Administer 21 consecutive days of oral aripiprazole in conjunction with the first **ARISTADA** injection. **ARISTADA** can be initiated at the following doses (please choose) :
- Every 4 weeks** ☐ 441 mg ☐ 662 mg ☐ 882 mg  
**Every 6 weeks** ☐ 882 mg  
**Every 2 months** ☐ 1064 mg

**\*Oral aripiprazole not provided by Sage Elevate. Physician must give Rx directly to patient**

☐ **Refills:** \_\_\_\_\_

#### Sage Infusion Standing Orders:

- ☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date