sage elevate

INVEGA (Sustenna, Trinza, Hafyera) Orders

(paliperidone palmitate)

intake@sage-elevate.com | Phone/Fax: (813) 683-5963
www.sage-elevate.com/SubmitOrder

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
☐ Tried and failed prescribed oral medications *(please list)* _____

Has the patient's tolerability to oral paliperidone or oral risperidone been established prior to initiating INVEGA SUSTENNA? ☐YES ☐ NO

INVEGA PRESCRIPTION

ICD-10 Diagnosis Codes: ☐ **F20.9** Schizophrenia, unspecified ☐ **F25.9** Schizoaffective disorder, unspecified
☐ **Other:** _____

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

Dosing/Frequency:

Invega (Sustenna, Trinza, Hafyera) are administered intramuscularly

Invega Sustenna Loading dose : ☐ 234 mg **(Day 1)** ☐ 156 mg **(Day 8)**
Maintenance dose *(once monthly)* : ☐ 39 mg ☐ 78 mg ☐ 117 mg ☐ 156 mg ☐ 234 mg

Invega Trinza *(every 3 months)* ☐ 273 mg ☐ 410 mg ☐ 546 mg ☐ 819 mg

Invega Hafyera *(every 6 months)* ☐ 1092 mg ☐ 1560 mg

☐ **Refills:** _____

Sage Elevate Standing Orders:

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

Provider Name	Provider Signature	Date