



## Aristada Initio (Aripiprazole Lauroxil) Orders

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

### 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

☒ Tried and Failed Medications

\_\_\_\_\_

☒ Testing or labs

\_\_\_\_\_

### MEDICATION ORDERS

**ICD-10 Diagnosis Codes:** ☐ F20.9 Schizophrenia, unspecified ☐ F31.9 Bipolar disorder, unspecified

☐ Other: \_\_\_\_\_

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

### DOSING/FREQUENCY:

☒ For patients who have never taken aripiprazole, establish tolerability with oral aripiprazole prior to initiating treatment with ARISTADA INITIO

**Every 1 month for 1 year :** ☐ 441 mg ☐ 662 mg ☐ 882 mg

**Every 6 weeks for 1 year :** ☐ 882 mg

**Every 2 months for 1 year :** ☐ 1064 mg

☐ Other: \_\_\_\_\_ ☐ 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 \_\_\_\_\_

4728 N. Habana Ave., Suite 101C, Tampa, FL 33614