Faxed prescriptions will only be accepted from an authorized prescriber. Prescribers are reminded patients may choose any pharmacy of their choice.

Sage Specialty Pharmacy Dermatology Referral Form

WWW.SAGE-SPECIALTYPHARMACY.COM

Patient Information: Please provide a copy of the patient's insurance card or information

Patient Name:	DOB:	Gender:	Ht:	Wt:
Address:	City:	State:	Zip Code:	Phone:
Insurance:	Subscriber's Name:		ID#:	Group#:

Allergies: □NKDA □ List Allergies:

Clinical Information: please provide recent clinical notes, labs, and tests to expedite the prior authorization process

ICD-10 and Diagnosis: ______________________________________
Parts of body affected: ______________________________________
% BSA Affected: ________
Patient has had negative TB test □ Yes □ No
Patient is negative for Hepatitis B □ Yes □ No
Patient has latex allergy □ Yes □ No

Has patient tried and failed topical steroid therapy? □ Yes □ No
Has patient tried and failed topical calcineurin inhibitor? □ Yes □ No
Previous Failed Therapies:___________________________________
____
Current Therapy:____

Prescription Information

Medication	Strength	Sig	Quantity	Refills
□ Cimzia	□ Starter Kit □ 200mg Prefilled Syringe □ 200mg Vial	Initial: □ Inject 400mg SC at 0, 2, and 4 weeks Maintenance □ Inject 200mg SC every 2 weeks □ Inject 400mg SC every 2 weeks □ Inject 400mg SC every 4 weeks	□ 28 days	□ 0 □ _____
□ Dupixent	□ 200mg/1.14mL Prefilled Syringe □ 300mg/2mL Prefilled Syringe	□ Initial: Inject 600mg SC once □ Maintenance: Inject 300mg SC every other week	□ 1 Box □ 1 Box	□ 0 □ _____
□ Enbrel	□ 50mg/mL SureClick Autoinjector □ 50mg/mL Mini Cartridge □ 50mg/mL Prefilled Syringe □	□ Inject 50mg SC twice weekly □ Inject 50mg SC once weekly □	□ 1 Box	□ _____
□ Humira	□ Hidradenitis Suppurativa Starter Pack □ Plaque Psoriasis Starter Pack □ 40mg/0.4mL Citrate Free Pen □ 40mg/0.4mL Citrate Free Prefilled Syringe □	Initial: □ Hidradenitis Suppurativa: Inject 160mg SC on day 1, then inject 80mg on day 15, then inject 40mg every week starting day 29 □ Plaque Psoriasis: Inject 80mg SC on day 1, then inject 40mg every other week starting day 8 Maintenance: □ Inject 40mg every week □ Inject 40mg every other week Other:	□ 1 Box □ 28 days	□ 0 □ _____
□ Otezla	□ Starter Pack □ 30mg Tablets	□ Starter Pack: Take as directed per package instructions □ Maintenance: Take 1 tablet by mouth twice daily	□ 1 month	□ 0 □ _____
□ Skyrizi	□ 75mg/0.83mL Prefilled Syringe	□ Initial: Inject 150mg SC on day 1 □ Maintenance: Starting day 29, inject 150mg SC every 12 weeks	□ 1 Box	□ _____
□ Stelara	□ 45mg/0.5mL Prefilled Syringe □ 90mg/1mL Prefilled Syringe	Initial: □ ≤ 100kg: Inject 45mg SC on day 1 □ > 100kg: Inject 90mg on day 1 Maintenance: □ ≤ 100kg: Starting day 29, inject 45mg SC every 12 weeks □ > 100kg: Starting day 29, inject 90mg SC every 12 weeks	□ 1 Box	□ _____
□ Tremfya	□ 100mg/mL Prefilled Syringe	□ Inject 100mg SC at weeks 0 and 4, then every 8 weeks thereafter	□ 1 Box	□ _____
□	□	□	□	□

Prescriber Information

Name:	Phone:		Office Contact Name:	
Address:		City:	State:	Zip:
NPI:	DEA:	Fax and/or Email:		
Prescriber Signature:		Date:		□ DO NOT SUBSTITUTE

Sage Specialty Pharmacy – Phone: 414-861-7243 Fax: 414-906-0187 Address: 4001 N Oakland Ave Shorewood, WI 53211

I authorize Sage Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process. IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.