



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

Sage Specialty Pharmacy HIV Prescription 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: <input type="checkbox"/> NKDA <input type="checkbox"/> List Allergies:					
Medication and Dose		Directions		Quantity	Refills
Recommended First Line Agents:					
Atripla (Efavirenz/Emtricitabine/Tenofovir DF) <input type="checkbox"/> 600/200/300mg					
Biktarvy (Bictegravir/Emtricitabine/Tenofovir AF) <input type="checkbox"/> 50/200/25mg					
Descovy (Emtricitabine/Tenofovir AF) <input type="checkbox"/> 200/25mg					
Isentress (Raltegravir) <input type="checkbox"/> 400mg					
Isentress HD (Raltegravir) <input type="checkbox"/> 600mg					
<input type="checkbox"/> Other:					
Tivicay (Dolutegravir) <input type="checkbox"/> 50mg <input type="checkbox"/> Other:					
Triumeq (Abacavir/Dolutegravir/Lamivudine) <input type="checkbox"/> 600/50/300mg					
Truvada (Emtricitabine/Tenofovir DF) <input type="checkbox"/> 200/300mg <input type="checkbox"/> Other:					
Other Agents:					
Complera (Emtricitabine/Rilpivirine/Tenofovir DF) <input type="checkbox"/> 200/25/300mg					
Dovato (Dolutegravir/Lamivudine) <input type="checkbox"/> 50/300mg					
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir AF) <input type="checkbox"/> 150/150/200/10mg					
Juluca (Dolutegravir/Rilpivirine) <input type="checkbox"/> 50/25mg					
Norvir (ritonavir) <input type="checkbox"/> 100mg tab <input type="checkbox"/> Solution <input type="checkbox"/> Packet					
Odefsey (Emtricitabine/Rilpivirine/Tenofovir AF) <input type="checkbox"/> 200/25/25mg					
Prezcobix (Darunavir/Cobicistat) <input type="checkbox"/> 800/150mg					
Prezista (Darunavir) <input type="checkbox"/> 800mg <input type="checkbox"/> 600mg <input type="checkbox"/> Other:					
Selzentry (Maraviroc) <input type="checkbox"/> 300mg <input type="checkbox"/> Other:					
Stribild (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir DF) <input type="checkbox"/> 150/150/200/300mg					
Symtuza (Darunavir/Cobicistat/Emtricitabine/Tenofovir AF) <input type="checkbox"/> 800/150/200/10 mg					
Tybost (cobicistat) <input type="checkbox"/> 150mg					
Other Drug/Regimen:					
PrEP Agents:					
Descovy (Emtricitabine/Tenofovir AF) <input type="checkbox"/> 200/25mg					
Truvada (Emtricitabine/Tenofovir DF) <input type="checkbox"/> 200/300mg					
Recommended PEP and nPEP Agents:					
Isentress (Raltegravir) <input type="checkbox"/> 400mg					
Truvada (Emtricitabine/Tenofovir DF) <input type="checkbox"/> 200/300mg					
Tivicay (Dolutegravir) <input type="checkbox"/> 50mg					
Prescriber Information					
Name:	Phone:	Office Contact Name:			
Address:	City:	State:	Zip:		
NPI:	DEA:	Fax and/or Email:			
Prescriber Signature:		Date:	<input type="checkbox"/> 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.