



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

### Sage Specialty Pharmacy GI and IBD 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: <input type="checkbox"/> NKDA <input type="checkbox"/> List Allergies:				

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

ICD-10 and Diagnosis: \_\_\_\_\_  
 Previous Failed Medications:  Aminosalicylates  Azathioprine  Cyclosporine  Corticosteroids  Entyvio  6-Mecaptopurine  
 Methotrexate  Stelara  TNF Inhibitor  Other: \_\_\_\_\_  
 Quantiferon TB Status:  Positive  Negative  Pending  
 Current Therapy: \_\_\_\_\_

**Prescription Information**

Medication	Strength	Sig	Quantity	Refills
<input type="checkbox"/> Cimzia	<input type="checkbox"/> Starter Kit <input type="checkbox"/> 200mg Prefilled syringe <input type="checkbox"/> 200mg Vial	<input type="checkbox"/> Initial: Inject 400mg at 0, 2, and 4 weeks <input type="checkbox"/> Maintenance: Inject 400mg every 4 weeks	<input type="checkbox"/> 1 Box <input type="checkbox"/> 1 Box	<input type="checkbox"/> 0 <input type="checkbox"/> _____
<input type="checkbox"/> Humira	<input type="checkbox"/> Citrate Free Starter Pack <input type="checkbox"/> 40mg Citrate Free Pen <input type="checkbox"/> 40mg Citrate Free Prefilled Syringe <input type="checkbox"/>	<b>Initial:</b> <input type="checkbox"/> Inject 160mg SC on day 1, then 80mg on day 15 <b>Maintenance:</b> <input type="checkbox"/> Inject 40mg SC every other week <input type="checkbox"/> Inject 40mg SC every week <input type="checkbox"/>	<input type="checkbox"/> 1 Box <input type="checkbox"/> 1 Box <input type="checkbox"/> 2 Boxes <input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Simponi	<input type="checkbox"/> 100mg Pen <input type="checkbox"/> 100mg Prefilled Syringe	<input type="checkbox"/> Initial: Inject 200mg SC at week 0, then 100mg at week 2 <input type="checkbox"/> Maintenance: Inject 100mg SC every 4 weeks	<input type="checkbox"/> 3 Boxes <input type="checkbox"/> 1 Box	<input type="checkbox"/> 0 <input type="checkbox"/> _____
<input type="checkbox"/> Stelara	<input type="checkbox"/> 90mg Prefilled Syringe	**IV induction date: _____ <input type="checkbox"/> Inject 90mg SC every 8 weeks. Start 8 weeks after induction dose	<input type="checkbox"/> 1 Box	<input type="checkbox"/>
<input type="checkbox"/> Xeljanz	<input type="checkbox"/> 5mg Tablet <input type="checkbox"/> 10mg Tablet	<input type="checkbox"/> Take 1 tablet by mouth twice daily	<input type="checkbox"/> 60 Tabs <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Xeljanz XR	<input type="checkbox"/> 11mg Tablet <input type="checkbox"/> 22mg Tablet	<input type="checkbox"/> Take 1 tablet by mouth daily	<input type="checkbox"/> 30 Tabs <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Xifaxan	<input type="checkbox"/> 200mg Tablet <input type="checkbox"/> 550mg Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Prescriber Information**

Name:	Phone:	Office Contact Name:
Address:	City:	State:
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.