



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

Sage Specialty Pharmacy Cardiology 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:

ICD-10 Codes and Diagnoses
Primary ICD-10 (must select one)
E78.0 Pure Hypercholesterolemia
E78.01 Familial Hypercholesterolemia
E78.2 Mixed Hyperlipidemia
E78.4 Other Hyperlipidemia
E78.5 Hyperlipidemia, unspecified
Other:
Secondary ICD-10 (select all that apply)
I20.0 Unstable Angina
I20.9 Angina Pectoris, unspecified
I21. Acute Myocardial Infarction
I22. Subsequent Myocardial Infarction
I25. Chronic Ischemic Heart Disease
I63. Cerebral Infarction
I66. Occlusion and Stenosis of Cerebral Arteries
I67. Other Cerebrovascular Diseases
Other:

Previous Therapies (Select all that apply) Current Therapy
Atorvastatin (Lipitor) 10mg 20mg 40mg 80mg
Pravastatin (Pravachol) 10mg 20mg 40mg 80mg
Rosuvastatin (Crestor) 5mg 10mg 20mg 40mg
Simvastatin (Zocor) 5mg 10mg 20mg 40mg 80mg
Ezetimibe (Zetia) 10mg
Other:
Drug: Strength:
Date Started:
Achieved max tolerated statin dose? Yes No
Patient is intolerant to statins Yes No
Reason: Rhabdomyolysis Myalgia Increased LFTs
Other:
List statin(s) tried and failed:

Lab Results table with columns: Lab, Value, Date. Rows: LDL-C, Triglycerides.

Are LFTs elevated? (YES/NO)
Please attach a copy of the patient's most recent lipid panel

Prescription Information table with columns: Medication, Strength, Sig, Quantity, Refills. Rows: Praluent, Repatha.

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.