



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

Sage Specialty Pharmacy Hepatitis C 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:
Address:		City:	State:	Zip Code:
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: _____		Genotype: <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
Chronic Hepatitis C: <input type="checkbox"/> B18.2 <input type="checkbox"/> B19.20 <input type="checkbox"/>		Viral Load: _____ Date: _____		
Other: _____		NS5A Polymorphism: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fibrosis Score: <input type="checkbox"/> F0 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4		HIV Coinfection: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cirrhosis: <input type="checkbox"/> None <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated		HBV Coinfection: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Pugh Score: <input type="checkbox"/> N/A <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		HBV Status: _____		
Previous Treatments				
<input type="checkbox"/> Treatment Naïve <input type="checkbox"/> Treatment Experienced				
Previous Therapy	End Date	Treatment Duration (Weeks)	Response Status	
_____	_____	_____	<input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapse	
_____	_____	_____	<input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapse	
Prescription Information				
Medication and Strength	Sig	Quantity	Refills	
<input type="checkbox"/> Eplusa (sofosbuvir/velpatasvir) 400mg/100mg Tablets	<input type="checkbox"/> Take 1 tablet by mouth every day	28 days		
<input type="checkbox"/> Harvoni (ledipasvir/sofosbuvir) 90mg/400mg Tablets	<input type="checkbox"/> Take 1 tablet by mouth every day	28 days		
<input type="checkbox"/> Mavyret (glecaprevir/pibrentasvir) 100mg/40mg Tablets	<input type="checkbox"/> Take 3 tablets by mouth every day with food	28 days		
<input type="checkbox"/> Ribavirin 200mg Tablets	<input type="checkbox"/> ≥ 75kg: Take 3 tablets by mouth twice daily with food <input type="checkbox"/> < 75kg: Take 3 tablets by mouth every morning with food and 2 tablets by mouth every evening with food <input type="checkbox"/> Other: _____	28 days		
<input type="checkbox"/> Vosevi (sofosbuvir/velpatasvir/ voxilaprevir) 400mg/100mg/100mg Tablets	<input type="checkbox"/> Take 1 tablet by mouth every day with food	28 days		
<input type="checkbox"/> Zepatier (elbasvir/grazoprevir) 50mg/100mg Tablets	<input type="checkbox"/> Take 1 tablet by mouth every day	28 days		
<input type="checkbox"/>	<input type="checkbox"/>	28 days		
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.