



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

Sage Specialty Pharmacy Alcohol and Other Drug Abuse 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: _____		Previously Failed Medications (dose and duration): _____		
Patient has history of nonadherence with oral meds: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____		
Past Medical History: _____		_____		
Prescription Information				
Medication and Strength	Sig		Quantity	Refills
<input type="checkbox"/> Evzio 2mg/0.4mL Autoinjector	<input type="checkbox"/> Inject 1 dose IM or SC as needed for opioid overdose. Call 911. May repeat dose every 2 to 3 minutes as needed.		1 Box	
<input type="checkbox"/> Lucemyra 0.18mg Tablets	<input type="checkbox"/> Initial: Take 3 tablets by mouth 4 times daily for ____ days (generally 5 to 7 days after last opioid use) <input type="checkbox"/> Take ____ tablet(s) by mouth ____ times per day		<input type="checkbox"/>	
<input type="checkbox"/> Narcan 4mg Nasal Spray	<input type="checkbox"/> Spray 1 spray in 1 nostril as needed for opioid overdose. Call 911. May repeat dose every 2 to 3 doses in alternating nostrils as needed		1 Box	
<input type="checkbox"/> Vivitrol 380mg Vial	<input type="checkbox"/> Inject 1 vial IM every 4 weeks		1 Box	
<input type="checkbox"/>				
<input type="checkbox"/>				
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