



Viscosupplementation Medication Request Form

Aetna Specialty Pharmacy®
503 Sunport Lane
Orlando, FL 32809
Phone: 1-866-782-2779 (1-866-782-ASRX)
FAX: 1-866-329-2779 (1-866-FAX-ASRX)

Today's Date:

Anticipated Start Date:

PATIENT INFORMATION

First Name:		Last Name:			
Address:		City:		State:	ZIP:
Home Phone:		Work Phone:		Cell Phone:	
DOB:	Height:	Weight:	Allergies:		
Ship Meds to: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Doctor's Office					

INSURANCE INFORMATION

Primary Insurance:			Pharmacy Benefit Manager (PBM):		
Policy #:	Group #:	Insured:	Phone:		
Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide #:	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide #:		

Secondary Insurance:

Policy #:	Group #:	Insured:	Phone:		
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PHYSICIAN INFORMATION

First Name:		Last Name:			M.D./D.O.	
Address:		City:		State:	ZIP:	
Phone:	Fax:	St Lic. #:	NPI #:	DEA #:	UPIN:	
Office Contact Name:				Phone:		

DIAGNOSIS:

Primary:	ICD 9:	Secondary:	ICD 9:
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Please indicate knee being treated: right knee left knee bilateral knees

PRESCRIPTION (Please select from below and provide approximate days supply.)

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
EUFLEXXA (sodium hyaluronate)	10mg/mL; 2mL single use prefilled syringe		<input type="checkbox"/> 3 syringes <input type="checkbox"/> 6 syringes	
HYALGAN (sodium hyaluronate)	10mg/mL; 2mL single use prefilled syringe		<input type="checkbox"/> 3 syringes <input type="checkbox"/> 6 syringes <input type="checkbox"/> 5 syringes <input type="checkbox"/> 10 syringes	
ORTHOVISC (high molecular weight hyauronan)	15mg/mL; 2mL single use prefilled syringe		<input type="checkbox"/> 3 syringes <input type="checkbox"/> 6 syringes <input type="checkbox"/> 4 syringes <input type="checkbox"/> 8 syringes	
SUPARTZ (sodium hyaluronate)	10mg/mL; 2.5mL single use prefilled syringe		<input type="checkbox"/> 3 syringes <input type="checkbox"/> 6 syringes <input type="checkbox"/> 5 syringes <input type="checkbox"/> 10 syringes	
SYNVISC (hylan)	8mg/mL; 2mL single use prefilled syringe		<input type="checkbox"/> 3 syringes <input type="checkbox"/> 6 syringes	
SYNVISC-ONE (hylan)	8mg/mL; 6mL single use prefilled syringe		<input type="checkbox"/> 1 syringe <input type="checkbox"/> 2 syringes	

Prescriber's Signature Required by Law:

Interchange is mandated unless practitioner writes the words "NO SUBSTITUTION" in this space.