



HIV Medication Request

Aetna Specialty Pharmacy®
503 Sunport Lane
Orlando, FL 32809

Customer Service: 1-866-782-ASRX (1-866-782-2779)

Fax Order Submission: 1-866-FAX-ASRX (1-866-329-2779)

For your convenience, this medication request may be submitted via E-PRESCRIBE to Aetna Specialty Pharmacy

Aetna Specialty Pharmacy will verify benefits and contact members to confirm delivery before medication is shipped.

Today's Date:					Date Needed:						
A. PATIENT INFORMATION											
First Name:			Last Name:			DOB:					
Address:			City:			State:		ZIP:			
Home Phone:			Work Phone:			Cell Phone:					
Weight:	Height:	Allergies:									
B. INSURANCE INFORMATION											
Carrier Name: _____			Does patient have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Member ID #: _____			If yes, Carrier Name: _____								
Group #: _____			Member ID#: _____								
Insured:			Insured:								
Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ID #:					Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ID #:						
C. PHYSICIAN INFORMATION											
First Name:			Last Name: _____ (Check one): <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> N.P. <input type="checkbox"/> P.A.								
Address:			City:			State:		ZIP:			
Phone:		Fax:	DEA #:		NPI #:		Office Contact:				
D. DIAGNOSIS											
Primary ICD Code:					Other ICD Code:						
E. PRESCRIPTION											
Please refer to the insurance carrier's participating provider precertification list to verify precertification requirements.											
Medication	Strength	Directions		Quantity	Refills	Medication	Strength	Directions		Quantity	Refills
SINGLE TABLET REGIMENS						NNRTIs					
<input type="checkbox"/> ATRIPLA	600/200/300mg					<input type="checkbox"/> EDURANT	25mg				
<input type="checkbox"/> BIKTARVY	50/200/25mg					<input type="checkbox"/> INTELENCE					
<input type="checkbox"/> COMPLERA	200/25/300mg					<input type="checkbox"/> RESCRIPTOR					
<input type="checkbox"/> GENVOYA	150/150/200/10mg					<input type="checkbox"/> SUSTIVA					
<input type="checkbox"/> JULUCA	50/25mg					<input type="checkbox"/> VIRAMUNE					
<input type="checkbox"/> ODEFSEY	200/25/25mg					<input type="checkbox"/> VIRAMUNE XR					
<input type="checkbox"/> STRIBILD	150/150/200/300mg					NRTIs					
<input type="checkbox"/> TRIUMEQ	600/50/300mg					<input type="checkbox"/> COMBIVIR	150/300mg				
						<input type="checkbox"/> DESCOVY	200/25mg				
						<input type="checkbox"/> EMTRIVA					
PROTEASE INHIBITORS						<input type="checkbox"/> EPIVIR					
<input type="checkbox"/> APTIVUS						<input type="checkbox"/> EPZICOM	600/300mg				
<input type="checkbox"/> CRIXIVAN						<input type="checkbox"/> RETROVIR					
<input type="checkbox"/> EVOTAZ	300/150mg					<input type="checkbox"/> TRIZIVIR	300/150/300mg				
<input type="checkbox"/> INVIRASE						<input type="checkbox"/> TRUVADA					
<input type="checkbox"/> KALETRA						<input type="checkbox"/> VIDEX EC					
<input type="checkbox"/> LEXIVA						<input type="checkbox"/> VIREAD					
<input type="checkbox"/> NORVIR						<input type="checkbox"/> ZERIT					
<input type="checkbox"/> PREZCOBIX	800/150mg					<input type="checkbox"/> ZIAGEN					
<input type="checkbox"/> PREZISTA						INTEGRASE INHIBITORS					
<input type="checkbox"/> REYATAZ						<input type="checkbox"/> ISENTRESS					
<input type="checkbox"/> VIRACEPT						<input type="checkbox"/> TIVICAY					
ENTRY INHIBITORS						OTHER MEDICATIONS					
<input type="checkbox"/> FUZEON	90mg Vial					<input type="checkbox"/> BACTRIM					
<input type="checkbox"/> SELZENTRY						<input type="checkbox"/> TYBOST	150mg				
						<input type="checkbox"/>					
Ship to: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Patient <input type="checkbox"/> Other address:											
Interchange is mandated unless practitioner handwrites the words "MEDICALLY NECESSARY" for each medication.											
Prescriber's Signature (Required by Law):											

Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment. This pharmacy is a for-profit entity.