Hepatitis C 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? ☐ Yes ☐ No

Member ID #: _____ If yes, Carrier Name: _____

Group #: _____ Member ID: _____

Insured: Insured:

Medicare: ☐ Yes ☐ No If yes, ID #: **Medicaid:** ☐ Yes ☐ No If yes, ID #:

C. PHYSICIAN INFORMATION

First Name:	Last Name: *(Check one):* ☐ M.D. ☐ D.O. ☐ N.P. ☐ 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	Directions	Quantity	Refills
☐ Daklinza ☐ 30mg ☐ 60mg	☐ Take 1 tablet by mouth daily. ☐ Administer with or without food. ☐ Other:	1 Month Supply	
☐ Epclusa 400mg/100mg tabs	☐ Take 1 tablet by mouth daily. ☐ Administer with or without food. ☐ Other:	1 Month Supply	
☐ Harvoni 90mg/400mg tabs	☐ Take 1 tablet by mouth daily. ☐ Administer with or without food. ☐ Other:	1 Month Supply	
☐ Mavyret 100mg/40mg tabs	☐ Take 3 tablets by mouth daily. ☐ Administer with food. ☐ Other:	1 Month Supply	
☐ Olysio 150mg caps	☐ Take 1 capsule by mouth daily. ☐ Administer with food. ☐ Other:	1 Month Supply	
☐ Ribapak	☐ 600mg per day – 1 tablet by mouth twice a day ☐ 800mg per day – 1 tablet by mouth twice a day ☐ 1000mg per day – 1 tablet by mouth twice a day ☐ 1200mg per day – 1 tablet by mouth twice a day	1 Month Supply	
☐ Ribavirin ☐ 200mg caps ☐ 200mg tabs	☐ 600mg per day – 2 tabs/caps by mouth every morning & 1 tab/cap every evening ☐ 800mg per day – 2 tabs/caps by mouth every morning & 2 tabs/caps every evening ☐ 1000mg per day – 3 tabs/caps by mouth every morning & 2 tabs/caps every evening ☐ 1200mg per day – 3 tabs/caps by mouth every morning & 3 tabs/caps every evening ☐ Other:	1 Month Supply	
☐ Sovaldi 400mg tabs	☐ Take 1 tablet by mouth daily. ☐ Administer with or without food. ☐ Other:	1 Month Supply	
☐ Vosevi tabs 400mg/100mg/100mg	☐ Take 1 tablet by mouth daily. ☐ Administer with food. ☐ Other:	1 Month Supply	
☐ Zepatier 50mg/100mg tabs	☐ Take 1 tablet by mouth daily. ☐ Administer with or without food. ☐ Other:	1 Month Supply	
☐ Other:	☐ Sig:		

F. HEPATITIS CLINICAL INFORMATION

Genotype: **Total Treatment Duration:** weeks.

Ship to: ☐ Physician's Office ☐ Patient ☐ Other address:

*Interchange is mandated unless practitioner writes 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.