



Infertility 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:	
Address:		City:	
Home Phone:		Work Phone:	
Weight:		Height:	
Allergies:		DOB:	
State:		ZIP:	
Cell Phone:			
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:	
Address:		City:	
Phone:		State:	
Fax:		ZIP:	
DEA #:		NPI #:	
Office Contact:		Check one: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> N.P. <input type="checkbox"/> P.A.	
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.			
<input type="checkbox"/> GONAL F 300 IU Redi-ject # _____ # Refills _____	<input type="checkbox"/> FOLLISTIM AQ 300 IU Cartridge # _____ # Refills _____	<input type="checkbox"/> GONAL F 450 IU Redi-ject # _____ # Refills _____	<input type="checkbox"/> FOLLISTIM AQ 600 IU Cartridge # _____ # Refills _____
<input type="checkbox"/> GONAL F 900 IU Redi-ject # _____ # Refills _____	<input type="checkbox"/> FOLLISTIM AQ 900 IU Cartridge # _____ # Refills _____	<input type="checkbox"/> GONAL F 75 IU Vial # _____ # Refills _____	<input type="checkbox"/> FOLLISTIM Pen Device # 1 pen No Refills
<input type="checkbox"/> GONAL F 450 IU Vial # _____ # Refills _____	SIG: _____	<input type="checkbox"/> GONAL F 1050 IU Vial # _____ # Refills _____	
SIG: _____		<input type="checkbox"/> BRAVELLE 75 IU Vial # Vials _____ # Refills _____	<input type="checkbox"/> ESTRADIOL 0.5mg Tablet # _____ # Refills _____
<input type="checkbox"/> MENOPUR 75 IU Vial # Vials _____ # Refills _____	SIG: _____	<input type="checkbox"/> CETROTIDE 0.25mg Kit # _____ # Refills _____	<input type="checkbox"/> ESTRADIOL 1mg Tablet # _____ # Refills _____
SIG: _____		<input type="checkbox"/> GANIRELIX 250mcg PFS # PFS _____ # Refills _____	<input type="checkbox"/> ESTRADIOL 2mg Tablet # _____ # Refills _____
<input type="checkbox"/> LEUPROLIDE 1mg/0.2ml (2 Week Kit) #Kits _____ # Refills _____	SIG: _____	<input type="checkbox"/> PROMETRIUM 100mg Capsules # _____ # Refills _____	<input type="checkbox"/> ENDOMETRIN 100mg Vaginal Insert # Inserts _____ # Refills _____
<input type="checkbox"/> PROGESTERONE in SESAME OIL 50mg/ml 10ml Vial # Vials _____ # Refills _____	SIG: _____	<input type="checkbox"/> PROMETRIUM 200mg Capsules # _____ # Refills _____	SIG: _____
SIG: _____		<input type="checkbox"/> CRINONE 8% Gel (15/box) # Boxes _____ # Refills _____	<input type="checkbox"/> VIVELLE-DOT 0.1MG 8patches/DP # Boxes _____ # Refills _____
<input type="checkbox"/> Other _____ Qty _____ # Refills _____	SIG: _____	<input type="checkbox"/> Other _____ Qty _____ # Refills _____	SIG: _____
HCG, NOVAREL, PREGNYL, OVIDREL AND CONTROLLED SUBSTANCES			
Aetna Specialty Pharmacy is unable to provide HCG, Novarel, Pregnyl, Ovidrel and controlled substances. Please obtain from another in-network pharmacy in your area.			
COMPOUNDED MEDICATIONS			
Please send to CVS Specialty Pharmacy Phone (877)408-9742 Fax: (866)310-4139			
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.