



# Osteoporosis Injectable 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.

<b>Today's Date:</b>		<b>Date Needed:</b>	
<b>A. PATIENT INFORMATION</b>			
First Name:		Last Name:	
Address:		City:	
Home Phone:		Work Phone:	
Weight:		Cell Phone:	
Height:		Allergies:	
DOB:		State: ZIP:	
<b>B. INSURANCE INFORMATION</b>			
Carrier Name:		Does patient have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Member ID #:		If yes, Carrier Name:	
Group #:		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 #:	
<b>C. PHYSICIAN INFORMATION</b>			
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:	
Phone:		State: ZIP:	
Fax:		DEA #:	
		NPI #:	
		Office Contact:	
<b>D. DIAGNOSIS</b>			
Primary ICD Code:		Other ICD Code:	
<b>E. PRESCRIPTION</b>			
Please refer to the insurance carrier's participating provider precertification list to verify precertification requirements.			
<b>Medication</b>	<b>Directions</b>	<b>Quantity</b>	<b>Refills</b>
<input type="checkbox"/> BONIVA 3mg PFS	<input type="checkbox"/> Infuse 3mg IV once every 3 months <input type="checkbox"/> Other:	<input type="checkbox"/> 1 dose <input type="checkbox"/> Other:	
<input type="checkbox"/> FORTEO 20mcg/dose PEN	<input type="checkbox"/> Inject 20mcg sub-q once daily <input type="checkbox"/> Other:	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> Other:	
<input type="checkbox"/> PROLIA 60mg PFS	<input type="checkbox"/> Inject 60mg sub-q once every 6 months <input type="checkbox"/> Other:	<input type="checkbox"/> 1 dose <input type="checkbox"/> Other:	
<input type="checkbox"/> RECLAST 5mg Vial	<input type="checkbox"/> Infuse 5mg IV once every year <input type="checkbox"/> Infuse 5mg IV once every other year <input type="checkbox"/> Other:	<input type="checkbox"/> 1 dose <input type="checkbox"/> Other:	none
<input type="checkbox"/> TYMLOS 80mcg/dose PEN	<input type="checkbox"/> Inject 80mcg sub-q once daily <input type="checkbox"/> Other:	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> Other:	
<input type="checkbox"/> Other:			
<b>Ship to:</b> <input type="checkbox"/> Physician's Office <input type="checkbox"/> Patient <input type="checkbox"/> Other address:			
<i>Interchange is mandated unless practitioner handwrites the words "MEDICALLY NECESSARY" for each medication.</i>			
<b>Prescriber's Signature (Required by Law):</b>			

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.