



Transplant 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: _____	Transplant Information (date AND location performed): _____
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E. PRESCRIPTION

Please refer to the insurance carrier's participating provider precertification list to verify precertification requirements

Medication	Strength	Directions	Handwrite "Medically Necessary"	Quantity	Refills
<input type="checkbox"/> ASTAGRAF XL Caps	0.5mg				
<input type="checkbox"/> ASTAGRAF XL Caps	1mg				
<input type="checkbox"/> ASTAGRAF XL Caps	5mg				
<input type="checkbox"/> CELLCEPT Caps	250mg				
<input type="checkbox"/> CELLCEPT Tabs	500mg				
<input type="checkbox"/> ENVARUSUS XR Tabs	0.75mg				
<input type="checkbox"/> ENVARUSUS XR Tabs	1mg				
<input type="checkbox"/> ENVARUSUS XR Tabs	4mg				
<input type="checkbox"/> GENGRAF Caps	25mg				
<input type="checkbox"/> GENGRAF Caps	50mg				
<input type="checkbox"/> GENGRAF Caps	100mg				
<input type="checkbox"/> MYFORTIC Tabs	180mg				
<input type="checkbox"/> MYFORTIC Tabs	360mg				
<input type="checkbox"/> NEORAL Caps	25mg				
<input type="checkbox"/> NEORAL Caps	100mg				
<input type="checkbox"/> PREDNISONONE Tabs					
<input type="checkbox"/> PROGRAF Caps	0.5mg				
<input type="checkbox"/> PROGRAF Caps	1mg				
<input type="checkbox"/> PROGRAF Caps	5mg				
<input type="checkbox"/> RAPAMUNE Tabs	0.5mg				
<input type="checkbox"/> RAPAMUNE Tabs	1mg				
<input type="checkbox"/> RAPAMUNE Tabs	2mg				
<input type="checkbox"/> SANDIMMUNE Caps	25mg				
<input type="checkbox"/> SANDIMMUNE Caps	100mg				
<input type="checkbox"/> VALCYTE Tabs	450mg				
<input type="checkbox"/> ZORTRESS Tabs	0.25mg				
<input type="checkbox"/> ZORTRESS Tabs	0.5mg				
<input type="checkbox"/> ZORTRESS Tabs	0.75mg				
<input type="checkbox"/>					

Ship to: Physician's Office Patient 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.