



Oral Oncology 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:
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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 #: _____	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 #: _____
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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: _____
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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
<input type="checkbox"/> AFINITOR					<input type="checkbox"/> SPRYCEL				
<input type="checkbox"/> ALECENSA					<input type="checkbox"/> STIVARGA				
<input type="checkbox"/> BOSULIF					<input type="checkbox"/> SUTENT				
<input type="checkbox"/> COTELLIC					<input type="checkbox"/> TAFINLAR				
<input type="checkbox"/> ERIVEDGE					<input type="checkbox"/> TARCEVA				
<input type="checkbox"/> FARYDAK					<input type="checkbox"/> TARGRETIN				
<input type="checkbox"/> FEMARA					<input type="checkbox"/> TASIGNA				
<input type="checkbox"/> GLEEVEC					<input type="checkbox"/> TEMODAR				
<input type="checkbox"/> HYCAMTIN					<input type="checkbox"/> TYKERB				
<input type="checkbox"/> IBRANCE					<input type="checkbox"/> VOTRIENT				
<input type="checkbox"/> INLYTA					<input type="checkbox"/> XALKORI				
<input type="checkbox"/> KISQALI					<input type="checkbox"/> XELODA				
<input type="checkbox"/> KISQALI FEMARA					<input type="checkbox"/> XTANDI				
<input type="checkbox"/> MEKINIST					<input type="checkbox"/> ZELBORAF				
<input type="checkbox"/> NEXAVAR					<input type="checkbox"/> ZOLINZA				
<input type="checkbox"/> NINLARO					<input type="checkbox"/> ZYKADIA				
<input type="checkbox"/> ODOMZO					<input type="checkbox"/> ZYTIGA				
<input type="checkbox"/> PURIXAN					<input type="checkbox"/>				
<input type="checkbox"/> RYDAPT					<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.