Patient Referral/Medication Request – HIV/AIDS

Aetna Specialty Pharmacy®
503 Sunport Lane
Orlando, FL 32809
Phone: 1-866-782-2779 (1-866-782-ASRX)
FAX: 1-866-329-2779 (1-866 FAX-ASRX)

Today's Date: **Anticipated Start Date:**

PATIENT INFORMATION

First Name:	Last Name:		
Address:	City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:	
DOB: Height:	Weight: Email Address:		
Ship Meds to: ☐ Home ☐ Work ☐ Doctor's Office	Allergies:		

INSURANCE INFORMATION

Primary Insurance:		**Pharmacy Benefit Manager (PBM)**:	
Policy #:	Group #:	Insured:	Phone:
Medicare: ☐ Yes ☐ No	If Yes, provide #:	Medicaid: ☐ Yes ☐ No	If Yes, provide #:
Secondary Insurance:			
Policy #:	Group #:	Insured:	Phone:

PHYSICIAN INFORMATION

First Name:		Last Name:		*Circle one:* M.D. D.O. N.P. P.A.	
Address:		City:		State:	ZIP:
Phone:	Fax:	St Lic. #:	NPI #:	DEA #:	UPIN:
Office Contact Name:		Email Address:		Phone:	

DIAGNOSIS	**CLINICAL INFORMATION**
☐ **042 HIV/AIDS** ☐ Other ____________	**CD4 Count**: ________ Viral Load: ________ Date: ____________

PRESCRIPTION (Please select from below and provide approximate days supply.) **P = preferred PG = preferred generic only (brand medical exception)**

	MEDICATION	STRENGTH	DIRECTION	QUANTITY	REFILL
	Combination Antiretrovirals				
	☐ Atripla				
P	☐ Combivir				
	☐ Epzicom				
	☐ Trizivir				
P	☐ Truvada				
	NRTIs/NNRTIs				
P	☐ Emtriva				
P	☐ Epivir				
	☐ Intelence				
	☐ Rescriptor				
PG	☐ Retrovir (zidovudine)				
P	☐ Sustiva				
PG	☐ Videx EC (didanosine EC)				
P	☐ Viramune				
P	☐ Viread				
PG	☐ Zerit (stavudine)				
P	☐ Ziagen				
	Protease Inhibitors				
	☐ Aptivus				
P	☐ Crixivan				
P	☐ Invirase				
P	☐ Kaletra				
P	☐ Lexiva				
P	☐ Norvir				
	☐ Prezista				
P	☐ Reyataz				
P	☐ Viracept				
	Integrase Inhibitors				
	☐ Isentress				
	Entry Inhibitors				
	☐ Selzentry				
	Fusion Inhibitors				
	☐ Fuzeon				
	Growth Hormones				
	☐ Serostim				
	Other Meds				
	☐				

Prescriber's Signature (*Required by Law*): **Date:** ____/____/____

Interchange is mandated unless practitioner writes the words "NO SUBSTITUTION" in this space: ______________________

GR-68634 (3-10)