Patient Referral/ Medication Request
Oral Oncology

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)
www.AetnaSpecialtyPharmacy.com

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: | BSA | Allergies:
Ship Meds to: ☐ Home ☐ Work ☐ Doctor's Office | Email Address:

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: M.D./D.O.
Address: | City: | State: | ZIP:
Phone: | Fax: | St Lic #: | NPI #: | DEA #: | UPIN:
Office Contact Name: | Email Address: | Phone:

DIAGNOSIS:

Primary: | ICD 9: | **Secondary**: | ICD 9:

PRESCRIPTION (Please select from below and provide approximate days supply.)

Medication	Strength	Directions	Quantity	Refills
☐ Afinitor				
☐ Alkeran				
☐ Cyclophosphamide				
☐ Etoposide				
☐ Gleevec				
☐ Hycamtin				
☐ Leucovorin				
☐ Matulane				
☐ Methotrexate				
☐ Myleran				
☐ Nexavar				
☐ Oforta				
☐ Revlimid	ASRx participates in the Revassist Program. Please submit orders on the Revlimid Rx Form.			0
☐ Sprycel				
☐ Sutent				
☐ Tarceva				
☐ Targretin				
☐ Tasigna				
☐ Thalomid (Auth. #__________)				0
☐ Temodar				
☐ Tykerb				
☐ Xeloda				
☐ Votrient				
☐ Zelboraf				
☐ Zolinza				
☐ Zytiga				
Other Medications				
☐				
☐				
☐				

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

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

GR-68652 (11-11)