



Fax completed form to: (855) 840-1678  
 If this is an URGENT request, please call (800) 882-4462  
 (800.88.CIGNA)

# Jevtana (cabazitaxel)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:		* Date of Birth:
Office Fax:			* Patient Street Address:		
Office Street Address:			City:		State:
City:	State:	Zip:	Patient Phone:		
<b>Urgency:</b> <input type="checkbox"/> Standard <span style="margin-left: 200px;"><input type="checkbox"/> Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)</span>					
<b>Medication requested: Jevtana 60mg</b>  Dose: _____ Frequency of therapy: _____ Duration of therapy: _____ ICD10: _____  Is this a new start? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date: _____ Will this medication be given concurrently with other agents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____  What is your patient's current weight? _____ What is your patient's current height? _____					
<b>Where will this medication be obtained?</b> <input type="checkbox"/> Accredo Specialty Pharmacy** <span style="margin-left: 300px;"><input type="checkbox"/> Retail pharmacy</span> <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <span style="margin-left: 150px;"><input type="checkbox"/> Home Health / Home Infusion vendor</span> <input type="checkbox"/> Other (please specify): _____ <span style="margin-left: 100px;">**Cigna's nationally preferred specialty pharmacy</span>					
<i>**Medication orders can be placed with Accredo via E-prescribe - Accredo (1640 Century Center Pkwy, Memphis, TN 38134-8822   NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557</i>					
<b>Facility and/or doctor dispensing and administering medication:</b> Facility Name: _____ State: _____ Tax ID#: _____ Address (City, State, Zip Code): _____					
Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>What is your patient's diagnosis?</b> <input type="checkbox"/> Prostate cancer <span style="margin-left: 150px;"><input type="checkbox"/> Other (please specify): _____</span>					
<b>Clinical Information:</b>  Does your patient have metastatic disease? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Has your patient had an orchiectomy OR failed hormone therapy, such as Eligard, Lupron (leuprolide), Lupron Depot, or Zoladex? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Has your patient been previously treated with first line therapy (for example, docetaxel [Taxotere])? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>Additional pertinent information:</b> <i>Please provide clinical support for the use of this drug in your patient (including disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently).</i>					

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer  
its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information  
reported on this form.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you  
call us to expedite the request. View our Prescription Drug List and Coverage Policies online at [cigna.com](http://cigna.com).*

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