



# Cabazitaxel (Jevtana®) Injectable Medication Precertification Request

**Aetna Precertification Notification**  
503 Sunport Lane, Orlando, FL 32809  
**Phone:** 1-866-503-0857  
**FAX:** 1-888-267-3277

**Please indicate:**  Start of treatment **Scheduled date of first/next infusion:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_  
 Continuation of therapy **Dates of previous treatment:** \_\_\_\_\_

**Infusion Site Address:** \_\_\_\_\_

**Precertification Requested By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

A. PATIENT INFORMATION				
First Name:		Last Name:		
Address:		City:	State:	ZIP:
Home Phone:		Work Phone:	Cell Phone:	
DOB:	Allergies:			Email:
Patient Current Weight: _____ lbs or _____ kgs		Patient Height: _____ inches or _____ cms		

B. INSURANCE INFORMATION	
Aetna Member ID #: _____	Does patient have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Group #: _____	If yes, provide ID#: _____ Carrier Name: _____
Insured: _____	Insured: _____
Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide ID #: _____	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide ID #: _____

C. PRESCRIBER 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 #:
Provider Email:		Office Contact Name:		Phone:
Specialty (Circle one): <b>Oncologist</b> <b>Urologist</b> <b>Other:</b> _____				

D. DIAGNOSIS INFORMATION	
Primary ICD-9: <input type="checkbox"/> 185 - Malignant neoplasm of prostate	
Secondary ICD-9: _____	Other ICD-9 Code: _____

E. CLINICAL INFORMATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient 18 years of age or older with histologically confirmed carcinoma of the prostate with radiologic evidence of metastatic disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient been treated with surgical (bilateral orchiectomy) castration or three or more months of chemical castration (luteinizing hormone releasing hormone (LHRH) agonists or antagonists)?
	If patient was treated with chemical castration, please provide the serum testosterone level: _____ Date of test _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the patient have evidence of progressive disease after receiving surgical or chemical castration?
	If yes, please answer the following three questions:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been any change in size of the lymph nodes or parenchymal masses as noted on physical exam or radiographic studies?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been any bone scan progression evidenced by one or more new lesions or increase in size of lesions (not including "flare" that occurs at commencement of hormonal therapy or chemotherapy)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient had PSA progression defined by an increase in PSA over a previous reference value, where the PSA value is measured a minimum of one week from the reference value, and the PSA measurement is a minimum of 25 percent greater than the reference value, and an absolute-value increase in PSA of at least 5ng/ml over the reference value, and this PSA increase is confirmed by a second value.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient had previous treatment with a docetaxel-containing treatment regimen?

F. PRESCRIPTION INFORMATION – To be completed as a prescription order if Aetna Specialty Pharmacy is Dispensing Provider				
MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Jevtana				

\*If Aetna Specialty Pharmacy is the dispensing pharmacy, patient benefits will be verified before product is shipped.  
\*If the prescriber is providing the drug, the provider must verify benefits.  
**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required by law if this Precertification Request is also used as an Aetna Specialty Pharmacy prescription order.)  
**Interchange is mandated unless practitioner writes the words "NO SUBSTITUTION" in this space:** \_\_\_\_\_