

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Jevtana (cabazitaxel)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Jevtana (cabazitaxel) 60 mg/1.5mL intravenous solution for injection

APPROVAL CRITERIA

Requests for Jevtana (cabazitaxel) may be approved if the following criteria are met:

- I. Individual has a diagnosis of metastatic castration-resistant prostate cancer; **AND**
- II. Individual is using in combination with prednisone; **AND**
- III. Disease has progressed during or after treatment with a docetaxel-containing regimen (or in patients who are not candidates for, or are intolerant of docetaxel) (Label, NCCN 2A); **AND**
- IV. Individual has a current Eastern Cooperative Oncology Group (ECOG) performance status is 0-2.

Requests for Jevtana (cabazitaxel) may not be approved for the following:

- I. For the treatment of all other solid tumors and uses, including but not limited to appendiceal cancer, bladder cancer, brain tumor, breast cancer, head and neck cancer, lung cancer, melanoma and pancreatic cancer.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 16, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 16, 2020.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- a. Prostate Cancer. V1.2020. Revised March 16, 2020.

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