

## **SPECIALTY GUIDELINE MANAGEMENT**

### **JEVTANA (cabazitaxel)**

#### **POLICY**

##### **I. INDICATIONS**

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

###### **A. FDA-Approved Indication**

Jevtana is indicated in combination with prednisone for the treatment of patients with hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen.

All other indications are considered experimental/investigational and are not a covered benefit.

##### **II. CRITERIA FOR INITIAL APPROVAL**

Authorization of 12 months may be granted to members who are prescribed Jevtana for the treatment of metastatic, castration-resistant prostate cancer, in combination with prednisone, who have been previously treated with a docetaxel-containing chemotherapy regimen.

##### **III. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### **IV. DOSAGE AND ADMINISTRATION**

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

##### **V. REFERENCES**

1. Jevtana [package insert]. Bridgewater, NJ: sanofi-aventis; June 2015.
2. The NCCN Drugs & Biologics Compendium™ © 2016 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed July 29, 2016.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology™ Prostate Cancer (Version 3.2016). <http://www.nccn.org>. Accessed July 29, 2016.