PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Jevtana Prior Authorization Policy
- Jevtana® (cabazitaxel intravenous infusion – Sanofi-Aventis)

REVIEW DATE: 03/02/2022

OVERVIEW

Jevtana, a microtubule inhibitor, is indicated in combination with prednisone for the treatment of patients with **metastatic castration-resistant prostate cancer (CRPC)** previously treated with a docetaxel-containing treatment regimen.[1]

Guidelines

The National Comprehensive Cancer Network (NCCN) prostate cancer guidelines (version 3.2022 – January 10, 2022) list Jevtana as one of the category 1 recommended therapies in the post-docetaxel setting for metastatic CRPC.[2,3] The guidelines note that Jevtana (in combination with steroid) can also be considered in patients who are not candidates for docetaxel or are intolerant to docetaxel. In addition, Jevtana in combination with carboplatin is recommended for the treatment of small cell/neuroendocrine prostate cancer and patients with unfavorable genomics defined as having defects in at least two of the following: phosphatase and tensin homolog (*PTEN*), tumor protein p53 (*TP53*), and retinoblastoma transcriptional corepressor 1 (*RB1*).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Jevtana. Because of the specialized skills required for evaluation and diagnosis of patients treated with Jevtana as well as the monitoring required for adverse events and long-term efficacy, approval requires the medication to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Jevtana is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Prostate Cancer.** Approve for 1 year if the patient meets ALL of the following criteria (A, B, C, and D):
   - **A)** Patient has metastatic castration-resistant prostate cancer; AND
   - **B)** The medication will be used in combination with a systemic corticosteroid (e.g., prednisone); AND
   - **C)** Patient meets one of the following criteria (i, ii, iii, or iv):
     - **i.** Patient has small cell/neuroendocrine prostate cancer; OR
     - **ii.** Patient has unfavorable genomics with defects in at least two of the following: phosphatase and tensin homolog (*PTEN*), tumor protein p53 (*TP53*), and retinoblastoma transcriptional corepressor 1 (*RB1*); OR
     - **iii.** Patient has been previously treated with a docetaxel-containing treatment regimen; OR
     - **iv.** Patient is not a candidate or is intolerant to docetaxel therapy, according to the prescriber; AND
   - **D)** The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Jevtana is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Jevtana™ intravenous infusion [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; February 2021.
2. The NCCN Drugs and Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on February 24, 2022. Search term: cabazitaxel.
3. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 3.2022 – January 10, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on February 24, 2022.