

## 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.

###### 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 24 months may be granted for the treatment of metastatic prostate cancer.

##### III. CONTINUATION OF THERAPY

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

##### IV. REFERENCES

1. Jevtana [package insert]. Bridgewater, NJ: sanofi-aventis; May 2017.
2. The NCCN Drugs & Biologics Compendium™ © 2017 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed July 26, 2017.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology™ Prostate Cancer (Version 2.2017). <http://www.nccn.org>. Accessed July 26, 2017.