

## Jevtana® (cabazitaxel) (Intravenous)

Document Number: IC-0074

Last Review Date: 05/01/2018

Date of Origin: 01/2012

Dates Reviewed: 6/2012, 9/2012, 12/2012, 3/2013, 6/2013, 9/2013, 12/2013, 3/2014, 6/2014, 9/2014, 12/2014, 3/2015, 5/2015, 8/2015, 11/2015, 2/2016, 5/2016, 8/2016, 11/2016, 2/2017, 5/2017, 8/2017, 11/2017, 02/2018, 05/2018

### I. Length of Authorization

Coverage will be provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Jevtana 60 mg solution for injection: 1 vial per 21 day supply

#### B. Max Units (per dose and over time) [Medical Benefit]:

- 60 billable units per 21days

### III. Initial Approval Criteria

Coverage is provided in the following conditions:

#### Prostate Cancer †

- Patient is 18 years or older; **AND**
- Must be used in combination with a steroid (e.g. prednisone or dexamethasone); **AND**
- Patient has castration-resistant metastatic disease; **AND**
- Patient must have been previously treated with docetaxel; **AND**
- May not be used with other chemotherapy agents

† FDA Approved Indication(s)

### IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III; **AND**
- Disease response as defined by lack of disease progression, improvement in tumor size and/or improvement in patient symptoms; **AND**

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: neutropenia, anemia, leukopenia, thrombocytopenia, severe hypersensitivity reactions, severe diarrhea, nausea, vomiting, severe hemorrhagic cystitis, renal or hepatic toxicity, interstitial lung disorders, etc.

## V. Dosage/Administration

Indication	Dose
Prostate Cancer	20-25 mg/m <sup>2</sup> every 3 weeks in combination with an oral corticosteroid

## VI. Billing Code/Availability Information

### Jcode:

J9043 – Injection, cabazitaxel, 1 mg: 1 billable unit= 1 mg

### NDC:

Jevtana 60 mg solution for injection: 00024-5824-xx

## VII. References

1. Jevtana [package insert]. Bridgewater, NJ; Sanofi-Aventis U.S. LLC; January 2018. Accessed April 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for cabazitaxel. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2018.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Prostate Cancer 2.2018. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2018.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C61	Malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC