Jevtana® (cabazitaxel)  
(Intravenous)  

Last Review Date: January 1, 2019  
Number: MG.MM.PH.87

Medical Guideline Disclaimer

C All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

LENGTH OF AUTHORIZATION

Coverage will be provided for 6 months and may be renewed.

DOSING LIMITS

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

- 60 billable units per 21 days

Guideline

I. 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)
II. **RENEWAL CRITERIA**

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section I; **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.

**Limitations/Exclusions**

Jevtana is not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.

**Applicable Procedure Codes**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J9043</td>
<td>Injection, cabazitaxel, 1 mg: 1 billable unit= 1 mg</td>
</tr>
</tbody>
</table>

**Applicable NDCs**

<table>
<thead>
<tr>
<th>NDC Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00024-5824-xx</td>
<td>Jevtana 60 mg solution for injection</td>
</tr>
</tbody>
</table>

**Applicable Diagnosis Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C61</td>
<td>Malignant neoplasm of prostate</td>
</tr>
<tr>
<td>Z85.46</td>
<td>Personal history of malignant neoplasm of prostate</td>
</tr>
</tbody>
</table>

**Revision History**

N/A

**References**


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.