

# Specialty Guideline Management

## cabazitaxel-Jevtana

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Jevtana	cabazitaxel

### 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 Indications<sup>1,2</sup>

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

### Compendial Uses<sup>3</sup>

- Subsequent treatment for castration-resistant distant metastatic disease previously treated with a docetaxel-based regimen or in patients who are not candidates for, or are intolerant of docetaxel
- Subsequent treatment for castration-resistant distant metastatic disease previously treated with novel hormone therapy (e.g., enzalutamide [Xtandi] or abiraterone [Zytiga])

All other indications are considered experimental/investigational and not medically necessary.

Reference number(s)
1932-A

## Coverage Criteria

### Metastatic Castration-Resistant Prostate Cancer (CRPC)<sup>1-3</sup>

Authorization of 6 months may be granted for the treatment of metastatic castration-resistant prostate cancer when previously treated with any of the following:

- A docetaxel-containing regimen or in members who are not candidates for or who are intolerant to docetaxel.
- Novel hormone therapy (e.g., enzalutamide [Xtandi], abiraterone [Zytiga]).

Authorization of 6 months may be granted for the treatment of metastatic castration-resistant small cell/neuroendocrine prostate cancer.

## Continuation of Therapy

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

## References

1. Jevtana [package insert]. Morristown, NJ: sanofi-aventis U.S. LLC; May 2025.
2. Cabazitaxel [package insert]. Durham, NC: Accord Healthcare Inc.; October 2021.
3. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed August 13, 2025.