

Cabazitaxel (Jevtana®)

Place of Service

Office Administration
Home Infusion Administration
Outpatient Facility Infusion
Administration
Infusion Center Administration

HCPCS: J9043 per 1 mg

Condition(s) listed in policy (see criteria for details)

- [Prostate cancer, Hormone-refractory metastatic](#)

AHFS therapeutic class: Antineoplastic

Mechanism of action: Microtubule inhibitor taxane

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Jevtana® (cabazitaxel) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Prostate cancer, hormone-refractory metastatic

1. Metastatic disease, **AND**
2. Meets either of the following:
 - a. Previously treated with a docetaxel-containing regimen, or has a medical reason why a docetaxel-containing regimen cannot be used, and **effective 4/29/2024**, being used as a single agent
OR
 - b. Being used in combination with carboplatin, and previously treated with a docetaxel-containing regimen or a novel hormone therapy (i.e., abiraterone, enzalutamide, darolutamide, or apalutamide)

Covered Doses

Single agent use: Up to 25 mg/m² given by IV every 3 weeks

Combination with carboplatin: Up to 20 mg/m² given by IV every 3 weeks

Coverage Period

Indefinite

ICD-10:

C61, Z85.46

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Jevtana® (cabazitaxel) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medical necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

60 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Jevtana (cabazitaxel) [Prescribing information]. Bridgewater, NJ: sanofi-aventis U.S. LLC; 7/2023.
- National Comprehensive Cancer Network. Prostate Cancer (Version 4.2023). Available at: www.nccn.org.

(7) Policy Update

Date of last revision: 1Q2024

Date of next review: 4Q2024

Changes from previous policy version:

- Section (2): Prostate cancer -
 - Effective 4/29/2024, will require use as a single agent when previously treated with a docetaxel-containing regimen
 - Expanded coverage to include combination use with carboplatin when previously treated with a docetaxel-containing regimen or a novel hormone therapy

Rationale: NCCN 2A support

BSC Drug Coverage Criteria to Determine Medical Necessity

Reviewed by P&T Committee