

**Prostate Cancer Agents**  
**Jevtana (cabazitaxel)**  
**Effective 10/01/2024**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Notes</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Notes</b>	Additional agents from this class are available through the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> for coverage and criteria.		

### Overview

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.

### Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of metastatic castration-resistant prostate cancer (mCRPC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with prednisone
5. Inadequate response (i.e., progression of cancer) or adverse reaction to one docetaxel containing regimen

### Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

### Limitations

1. Initial approvals and reauthorizations will be granted for 8 months.

### References

1. NCCN Practice Guidelines in Oncology. Prostate Cancer [guideline on the Internet]. Version 1.2023. 2022 Sep 16 [cited 2022 Sep 27]. Available from: [https://www.nccn.org/professionals/physician\\_gls/pdf/prostate.pdf](https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf).
2. Jevtana® [package insert]. Bridgewater (NJ): Sanofi-Aventis US LLC; 2021 Feb.

**Review History**

Reviewed and created for P&T. Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23.

11/15/23 – Reviewed and updated for P&T. Updated to remove Zytiga 500 mg tablet from BOGL (no longer brand preferred). No clinical changes. Effective 12/4/23

9/11/24 – Reviewed and updated for P&T. Cleaned up policy and separated Jevtana from Prostate Cancer Agent policy as it is the only drug that is MB. No clinical updates made. Effective 10/1/24

