Mass General Brigham
Health Plan

Prostate Cancer Agents
Jevtana (cabazitaxel)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

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

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of 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
6. **ONE** of the following:
    a. Requested agent will be used in combination with a gonadotropin-releasing hormone (GnRH) analog
    b. Member had a bilateral orchiectomy

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 5.2026. 2026 Jan 23 [cited 2026 Apr 10]. Available from: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf.
2. Jevtana® [package insert]. Bridgewater (NJ): Sanofi-Aventis US LLC; 2025 Oct.

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
11/4/26 – Reviewed and updated for P&T. Added additional criteria for Jevtana to either be used in combination with a gonadotropin-releasing hormone (GnRH) analog or the member should have a bilateral orchiectomy. Updated formatting and references. Effective 1/4/27