

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

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> 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 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.
2. Jevtana® [package insert]. Bridgewater (NJ): Sanofi-Aventis US LLC; 2021 Feb.

Review History

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

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

