Clinical Policy Title:	cabazitaxel
Policy Number:	RxA.606
Drug(s) Applied:	Jevtana®
Original Policy Date:	03/06/2020
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Prostate Cancer (must meet all)**:**

1. Diagnosis of metastatic CRPC, as evidenced by disease progression despite bilateral orchiectomy or other androgen deprivation therapy;
2. Prescribed by or in consultation with an oncologist or a urologist;
3. Age ≥ 18 years;
4. Previously treated with a docetaxel-containing treatment regimen;
5. At the time of request, member has none of the following contraindications:
   a. Neutrophil counts of ≤ 1,500/mm^3;
   b. Severe hepatic impairment (total bilirubin > 3 × upper limit of normal);
6. Jevtana® is prescribed concurrently with corticosteroid;
7. Member will use a gonadotropin-releasing hormone (GnRH) analog concurrently or has had a bilateral orchiectomy;
8. Requests meets one of the following (a or b):*
   a. Dose does not exceed 25 mg/m^2 once every 3 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

   *Prescribed regimen must be FDA-approved or recommended by NCCN

Approval duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Prostate Cancer (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria for the covered indications and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. Jevtana® is prescribed concurrently with corticosteroid;
4. Member continues to use a gonadotropin-releasing hormone (GnRH) analog concurrently or has had a bilateral orchiectomy;
5. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 25 mg/m^2 once every 3 weeks.

b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

*Prescribed regimen must be FDA-approved or recommended by NCCN

Approval duration
Commercial: 12 months
Medicaid: 12 months

References

1. National Comprehensive Cancer Network. Prostate Cancer Version 04.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed August 30, 2022.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	03/2020	03/06/2020
Policy was reviewed: 1. Clinical policy title was updated 2. Line of business policy applies to was updated to All lines of business. 3. Initial approval criteria I.A was updated: updated diagnostic criteria, added corticosteroid concurrent therapy. 4. Continued Therapy criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance..." 5. Reference reviewed and updated.	9/23/2020	12/07/2020
Policy was reviewed: 1. Continued Therapy Approval II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 2. References were reviewed and updated.	10/13/2021	12/07/2021
Policy was reviewed: 1. Initial Approval Criteria 1.A.7 and Continued Therapy Criteria II.A.4: Updated to include new combination therapy criteria Member will use a gonadotropin-releasing hormone (GnRH) analog concurrently or has had a bilateral orchiectomy. 2. Initial Approval Criteria II.A.3: Updated to add Jevtana® is prescribed concurrently with corticosteroid. 3. References were reviewed and updated.	08/30/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023