Cabazitaxel (Jevtana)

Criteria for Use

February 2021

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. **THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.**

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at www.pbm.va.gov or http://vaww.pbm.va.gov for further information.

Exclusion Criteria *If the answer to ANY item below is met, then the patient should NOT receive cabazitaxel.*

- ☐ History of severe hypersensitivity reactions to drugs formulated with polysorbate 80
- ☐ Absolute Neutrophil Count (ANC) $\leq$ 1500/mm^3 or hemoglobin < 10 g/dL or platelets < 100,000/mm^3
- ☐ Radiotherapy to 40% or more of bone marrow
- ☐ Hepatic impairment (bilirubin greater than 3x upper limit of normal)
- ☐ Active Grade 2 or higher peripheral neuropathy
- ☐ Inability or contraindication to taking prednisone

Inclusion Criteria *The following must be met:*

- ☐ Diagnosis of metastatic prostate cancer with documented disease progression during or after completion of docetaxel-based therapy

Additional Inclusion Criteria *In addition to the following:*

- ☐ Care is provided by a VA/ VA Community Care oncology provider
- ☐ The goals of care and role of Palliative Care consult has been discussed and documented
- ☐ Eastern Cooperative Oncology Group (ECOG) Performance Status 0-2
- ☐ Prior and ongoing castrate levels of testosterone (less than 50 ng/dL) by either medical or surgical castration
- ☐ Patients with female partners of childbearing potential advised to use effective contraception during therapy and for 3 months following the last dose

Note: Consider primary prophylaxis with a Granulocyte-Colony Stimulating Factor (G-CSF) product for patients at high risk for neutropenia and those receiving a dose 25mg/m^2

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