I. POLICY

Cabazitaxel (Jevtana®) may be considered medically necessary for the treatment of prostate cancer when ALL of the following apply:

- Diagnosis of hormone-refractory metastatic prostate cancer
- Given in combination with prednisone
- Previously treated with a docetaxel-containing treatment regimen

**Pediatric Use:** The safety and effectiveness of Jevtana® in pediatric patients have not been established

The use of Cabazitaxel (Jevtana®) for indications not specified in the policy criteria above is considered investigational as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

**Cross-references:**
- MP-2.043 Brachytherapy
- MP-2.151 Cellular Immunotherapy for Prostate Cancer
- MP-2.212 Tumor Markers and Tumor Related Molecular Testing
- MP-2.237 Systems Pathology for Predicting Risk of Recurrence in Prostate Cancer
- MP-4.016 Charged-Particle (Proton or Helium Ion) Radiation Therapy
- MP-5.009 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- MP-5.022 Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging)/with Indium-111 Capromab Pendetide (Prostascint) for Prostate Cancer
- MP-5.043 Intensity Modulated Radiation Therapy (IMRT) and Real-Time Intra-Fraction Target Tracking
- MP-9.037 Autologous and Allogeneic Stem Cell Transplantation
II. PRODUCT VARIATIONS


1. FDA approved drugs used for indications other than what is indicated on the FDA approved product label may be covered under Medicare if it is determined that the use is medically accepted, taking into consideration the Medicare recognized national drug compendia, authoritative medical literature and/or accepted standards of medical practice.” Refer to Medicare Benefit Policy Manual (100-2, Chapter 15, Section 50.4.2 - Unlabeled Use of Drug).


* Refer to FEP Medical Policy Manual MP-5.04.27 Jevtana. The FEP Medical Policy manual can be found at: www.fepblue.org

III. DESCRIPTION/BACKGROUND

Prostate cancer is the most common cancer diagnosed in men, with an incidence in the United States of approximately 192,000 annually and approximately 27,000 deaths are attributed annually to prostate cancer. Prostate cancer is predominantly a disease of older men; the median age at diagnosis is 72 years. As the disease can be indolent in many, patients often do not have symptoms of their disease and die of causes other than prostate cancer.

First-line therapy for patients with metastatic prostate cancer is medical or surgical castration. Approximately 85% of patients will respond to this therapy, which includes gonadotropin-releasing hormone antagonists or surgery. However, approximately 15% of patients will not respond to hormonal intervention and responders will eventually become refractory to hormonal intervention. For this metastatic hormone-refractory prostate cancer (mHRPC) population, recommended first-line therapy is the combination of docetaxel and prednisone. Cabazitaxel (Jevtana®) has been developed specifically for use in men with mHRPC that fails to respond to
a docetaxel-containing regimen.

Cabazitaxel (Jevtana®) is approved by the United States Food and Drug Administration (FDA) for the following indication: in combination with prednisone for treatment of patients with hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen.

Cabazitaxel (Jevtana®) is an antineoplastic agent belonging to the taxane class. Cabazitaxel is a microtubule inhibitor prepared by semi-synthesis with a precursor extracted from yew needles. Cabazitaxel binds to tubulin and promotes its assembly into microtubules while simultaneously inhibiting disassembly. This leads to the stabilization of microtubules, which results in the inhibition of mitotic and interphase cellular functions. Cabazitaxel is active in docetaxel-sensitive tumors. In addition, cabazitaxel demonstrated activity in tumor models insensitive to chemotherapy including docetaxel. There are also ongoing clinical trials investigating cabazitaxel for the treatment of other types of malignancies.

Cabazitaxel (Jevtana®) is administered every three weeks as a one-hour intravenous infusion in combination with oral prednisone 10 mg administered daily throughout cabazitaxel (Jevtana®) treatment. The total dose is based on the body surface area.

Safety Information for Cabazitaxel (Jevtana®)

FDA Black Box Warning

Neutropenic deaths have been reported. In order to monitor the occurrence of neutropenia, frequent blood cell counts should be performed on all patients receiving Jevatan. Jevatan should not be given to patients with neutrophil counts of ≤1,500 cells/mm3. Severe hypersensitivity reactions can occur and may include generalized rash/erythema, hypotension and bronchospasm. Severe hypersensitivity reactions require immediate discontinuation of the Jevatan infusion and administration of appropriate therapy. Patients should receive premedication. Jevatan must not be given to patients who have a history of severe hypersensitivity reactions to Jevatan or to other drugs formulated with polysorbate 80.

IV. RATIONALE

FDA Approval

The FDA approval of Jevatan was based on a randomized, open-label, international, multi-center study. The trial enrolled a total of 755 patients with hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen. The subjects received either Jevatan 25 mg/m2 intravenously every 3 weeks for a maximum of 10 cycles with prednisone 10 mg orally daily or mitoxantrone 12 mg/m2 intravenously every 3 weeks for 10 cycles with prednisone 10 mg orally daily for a maximum of 10 cycles. In the Jevatan + prednisone arm there were 61.9 % deaths while there were 74% deaths in the mitoxantrone + prednisone arm. The median survival was 15.1 months in the Jevatan + prednisone arm and 12.7
months in the mitoxantrone + prednisone arm. Investigator-assessed tumor response of 14.4% was higher for patients in the Jevtana arm compared to 4.4% for patients in the mitoxantrone arm (p=0.0005).

V. DEFINITIONS

ANTAGONIST is a substance that stops the action or effect of another substance.

DOCETAXEL is a drug used together with other drugs to treat certain types of breast cancer, stomach cancer, prostate cancer, and certain types of head and neck cancer. Docetaxel is a type of mitotic inhibitor. Also called Taxotere.

GONADOTROPIN-RELEASING HORMONE is a hormone made by the hypothalamus (part of the brain). GnRH causes the pituitary gland to make luteinizing hormone (LH) and follicle stimulating hormone (FSH). These hormones are involved in reproduction. Also called GnRH.

METASTASIS is the manifestation of a malignancy as a secondary growth arising from the primary growth in a new location. The malignant cells may spread through the lymphatic circulation, the bloodstream or avenues such as the cerebrospinal fluid.

MITOTIC ACTIVITY refers to the presence of dividing (proliferating) cells. Cancer tissue generally has more mitotic activity than normal tissues.

TUBULIN is one of a group of proteins found in high levels in the cell cytoplasm (fluid inside a cell but outside the cell’s nucleus). Tubulins are the building blocks of microtubules (narrow, hollow tubes inside a cell), which are involved in cell division and cell movement. Certain anticancer drugs bind to and block the formation of function of tubulins, which may block cell division.

VI. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member’s contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member’s individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member’s benefit information or contact Capital for benefit information.
VII. DISCLAIMER

Capital’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. REFERENCES


IX. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>J9043</td>
<td>INJECTION, CABAZITAXEL, 1 MG</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Code*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>185</td>
<td>Malignant neoplasm of prostate</td>
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</table>

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.
The following ICD-10 diagnosis codes will be effective October 1, 2014

<table>
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<tr>
<th>ICD-10-CM Diagnosis Code*</th>
<th>Description</th>
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<tbody>
<tr>
<td>C61</td>
<td>Malignant neoplasm of prostate</td>
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*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

X. **Policy History**

<table>
<thead>
<tr>
<th>MP-2.158</th>
<th>CAC 1/25/11 New Policy</th>
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<tbody>
<tr>
<td></td>
<td>CAC 6/26/12 Consensus review; no changes, references updated.</td>
</tr>
<tr>
<td></td>
<td>CAC 9/24/13 Consensus review; no changes to policy statements references updated. Rationale added. FEP variation revised to refer to the FEP medical policy manual. Administrative code review complete.</td>
</tr>
<tr>
<td></td>
<td>CAC 7/22/14 Consensus. No change to policy statements. References updated.</td>
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*Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*
### MEDICAL POLICY

<table>
<thead>
<tr>
<th>POLICY TITLE</th>
<th>CABAZITAXEL (JEVTANA®)</th>
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<tbody>
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