

Cabazitaxel

| Drug names | <ul style="list-style-type: none">CabazitaxelJevtana | | | | | | |
|-------------------|--|------|-------------|---------|-----------------------|---------|--------------------------|
| Description | <p>Cabazitaxel (Jevtana) interferes with the growth and spread of cancer cells. It is used with prednisone to treat prostate cancer that has spread to other parts of the body (metastatic).</p> <p>It is administered by intravenous (IV) infusion.</p> | | | | | | |
| Table of Contents | <p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB) | | | | | | |
| Document history | <p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.22.24</td><td>Refreshed due to age.</td></tr><tr><td>8.22.24</td><td>Updated to new template.</td></tr></table> | Date | Description | 8.22.24 | Refreshed due to age. | 8.22.24 | Updated to new template. |
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Commercial

| Introduction | <p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p> | | | | |
|-------------------------|---|------|-------------|---------|--------------------------|
| Dean (DHP, Prevea360) | <p>A Medical Injectable Policy, <i>Cabazitaxel (Jevtana; Cabazitaxel)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the Plan Pharmacy Services. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits. | | | | |
| Mayo Medical Plan (MMP) | <p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p> | | | | |
| Medica (including MHPS) | <p>A Pharmacy Clinical Guideline, <i>Cabazitaxel (Jevtana; Cabazitaxel)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits. | | | | |
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Government Programs

| Introduction | This section applies to all Medicaid and Medicare products. | | | | |
|--|--|------|-------------|---------|--------------------------|
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | <p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit, outpatient hospital, or Home IV Therapy benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below. | | | | |
| AccessAbility Enhanced (I-SNBC), DUAL (MSHO) | <p>A Pharmacy Clinical Guideline, <i>Cabazitaxel (Jevtana; Cabazitaxel)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.• Medica is the only payer. | | | | |
| Cost (Prime) | <p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">• Drug administration: Quote office visit or Home IV Therapy benefits.• Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines. | | | | |
| Med Advantage | <p>A Pharmacy Clinical Guideline, <i>Cabazitaxel (Jevtana; Cabazitaxel)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">– Drug administration: Quote office visit or Home IV Therapy benefits.– Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.• Medica is the only payer. | | | | |
| Med Supp (Select, Signature) | <p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer. | | | | |
| Medicaid | <p>A Pharmacy Clinical Guideline, <i>Cabazitaxel (Jevtana; Cabazitaxel)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits. | | | | |
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Individual and Family Business (IFB)

| Introduction | <p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p> | | | | |
|--|---|------|-------------|---------|--------------------------|
| Dean (DHP, Medica formerly WellFirst, Prevea360) | <p>A Medical Injectable Policy, <i>Cabazitaxel (Jevtana; Cabazitaxel)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the Plan Pharmacy Services. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits. | | | | |
| Medica | <p>A Pharmacy Clinical Guideline, <i>Cabazitaxel (Jevtana; Cabazitaxel)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits. | | | | |
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