# The Clinician's Guide

The only microtubule inhibitor approved in combination with prednisone for treatment of patients with metastatic castration-resistant prostate cancer previously treated with a docetaxel-containing regimen.[1]

TROPIC Study (N=755)

**Validated JEVTANA as a treatment in mCRPC after docetaxel[1]**

PROSELICA Study (N=1200)

**Established JEVTANA 20 mg/m$^2$ as the recommended dose[1]**

25 mg/m$^2$ can be used in select patients at HCP discretion

CARD Study (N=255)

**Evaluated JEVTANA vs abiraterone or enzalutamide[2]**

The efficacy and safety of JEVTANA were evaluated in TROPIC and PROSELICA.[1] Most recently, results from the CARD study were published in the *New England Journal of Medicine* and presented at 2019 ESMO, and 2020 ASCO GU & ASCO.

Data from the TROPIC and PROSELICA studies are included in the US Prescribing Information.[1]

**Cabazitaxel (JEVTANA) is a National Comprehensive Cancer Network® (NCCN®) Designated Category 1 Second-Line Therapy Option in mCRPC After Docetaxel[3]**

## IMPORTANT SAFETY INFORMATION

### WARNING: NEUTROPENIA AND HYPERSENSITIVITY

**Neutropenia: Neutropenic deaths have been reported. Monitor for neutropenia with frequent blood cell counts. JEVTANA is contraindicated in patients with neutrophil counts of ≤1,500 cells/mm$^3$. Primary prophylaxis with G-CSF is recommended in patients with high-risk clinical features.**

**Severe hypersensitivity: Severe hypersensitivity reactions can occur and may include generalized rash/erythema, hypotension and bronchospasm. Severe hypersensitivity reactions require immediate discontinuation of the JEVTANA infusion and administration of appropriate therapy. Patients should receive premedication. JEVTANA is contraindicated in patients who have a history of severe hypersensitivity reactions to cabazitaxel or to other drugs formulated with polysorbate 80.**

ASCO=American Society of Clinical Oncology; ESMO=European Society for Medical Oncology; GU=genitourinary; mCRPC=metastatic castration-resistant prostate cancer.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

JEVTANA® (cabazitaxel) injection

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**Learn more at**

**JEVTANApro.com**

G-CSF=granulocyte-colony stimulating factor.

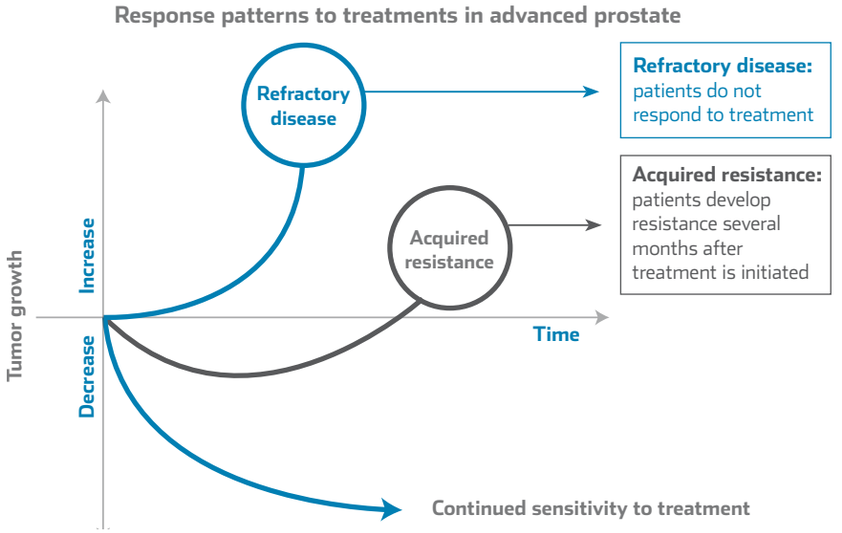


# Patients With High-risk mCRPC May Require an Individualized Treatment Approach

## Patients With mCRPC May Present With Clinical Factors That Affect Treatment Outcomes. These Clinical Factors Include:

- Presence of visceral metastases with or without concomitant bone metastases[4,5]
- Multiple sites of metastases (>2)[4,5]
- Rapid disease progression (PSADT: PSA doubling time)[5]
- Symptomatic disease (i.e., pain)[6,7]

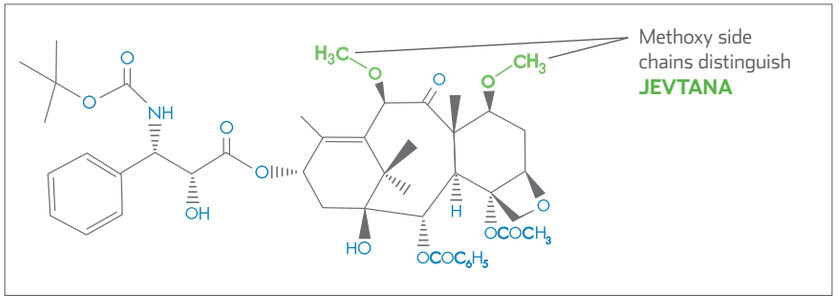
## A Poor Response to Initial Therapies, May Be a Sign of Refractory Disease or Acquired Resistance.[6-9]




**It may be important to take into account a patient's unique clinical factors and response to prior lines of therapy when deciding on subsequent treatment.[3,6,10]**

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

## JEVTANA Is a Novel Taxane With a Unique Chemical Structure[1,11]

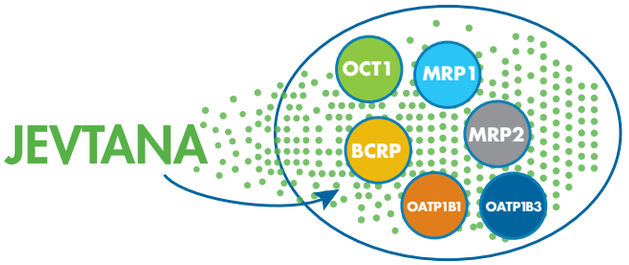



## The Structure of JEVTANA and Its Pharmacokinetics at the Cellular Level[1,12]

In vitro, JEVTANA showed poor binding affinity for P-glycoprotein, a broad-spectrum multidrug efflux pump, as well as antitumor activity against docetaxel-refractory tumor cells.[12]

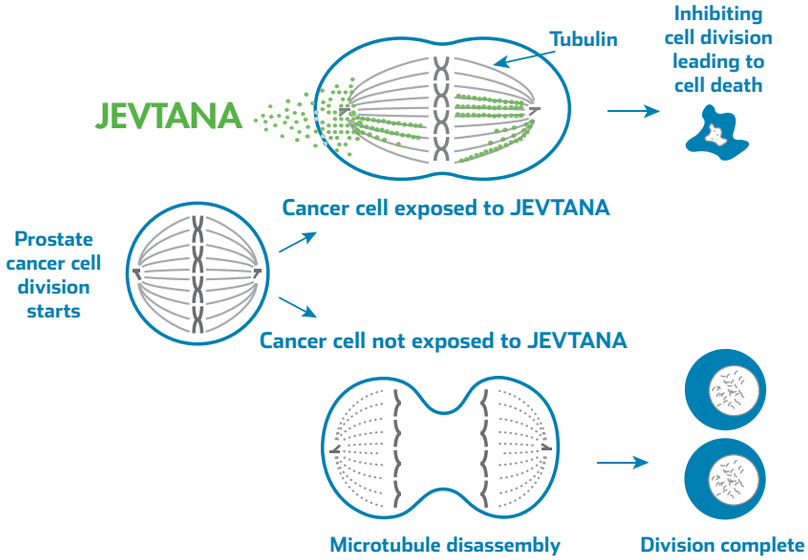
Moreover, JEVTANA is not a substrate of:

- **Efflux pumps** MRP1 (multidrug-resistance protein 1), MRP2 (multidrug-resistance protein 2), BCRP (breast cancer resistance protein)
- **Solute carrier (SLC) transporters** OCT1 (organic cation transporter), OATP1B1 or OATP1B3 (organic anion transporting polypeptides)




## JEVTANA Is a Microtubule Inhibitor[1,13]

- JEVTANA binds to tubulin and promotes its assembly into microtubules while simultaneously inhibiting disassembly
- This leads to stabilization of microtubules and results in inhibition of mitotic and interphase cellular functions




## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

JEVTANA is contraindicated in patients with neutrophil counts of ≤1,500/mm$^3$, patients with a history of severe hypersensitivity reactions to cabazitaxel or to other drugs formulated with polysorbate 80, and patients with severe hepatic impairment (total bilirubin >3x upper limit of normal (ULN)).

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

# TROPIC Pivotal Trial Design

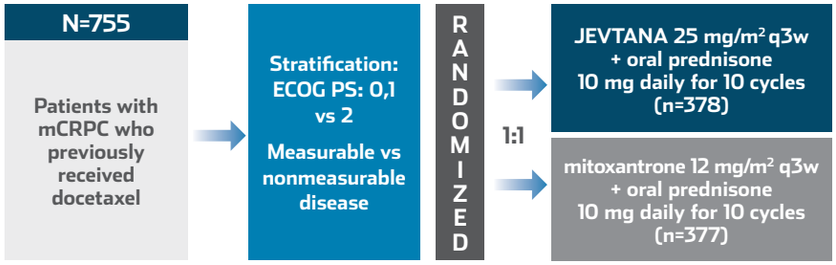
## JEVTANA Was Validated as a Treatment in mCRPC After Docetaxel in the TROPIC Trial[1]

**Large, international, randomized, open-label registration study (N=755)[1,14]**

- The trial enrolled patients with mCRPC who previously received docetaxel
- Patients were stratified according to ECOG PS and measurable vs nonmeasurable disease
- Patients were randomized (1:1) to:
  - JEVTANA 25 mg/m$^2$ q3w + oral prednisone 10 mg daily for 10 cycles (n=378)
  - Mitoxantrone 12 mg/m$^2$ q3w + oral prednisone 10 mg daily for 10 cycles (n=377)
- Conducted at 146 sites in 26 countries

## Endpoints[1,14]

- Primary endpoint: Overall survival (OS)
- Secondary endpoints: Investigator-assessed tumor response, safety, and pharmacokinetics




ECOG PS=Eastern Cooperative Oncology Group performance status.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

**Bone Marrow Suppression (BMS):** BMS manifested as neutropenia, anemia, thrombocytopenia and/or pancytopenia may occur. Neutropenic deaths have been reported. Monitor blood counts frequently to determine if initiation of G-CSF and/or dosage modification is needed. Primary prophylaxis with G-CSF is recommended in patients with high-risk clinical features. Monitoring of complete blood counts is essential on a weekly basis during cycle 1 and before each treatment cycle thereafter so that the dose can be adjusted, if needed. Caution is recommended in patients with hemoglobin <10 g/dl.



# TROPIC Patient Characteristics

**93% of JEVTANA-treated patients were ECOG PS 0-1[14]**

**Summary of Demographic and Patient Characteristics[14,15]**

| | | JEVTANA + prednisone (n=378) | mitoxantrone + prednisone (n=377) |
|---|---|---|---|
| Age | Median (range) | 68 (46-92) | 67 (47-89) |
| | ≥75, No. (%) | 69 (18.3) | 70 (18.6) |
| ECOG PS, No. (%) | 0,1 | 350 (92.6) | 344 (91.2) |
| | 2 | 28 (7.4) | 33 (8.8) |
| PSA, ng/mL | Median | 143.9 | 127.5 |
| Disease site (%) | Bone | 80.2 | 87.0 |
| | Distant lymph nodes | 35.2 | 34.5 |
| | Visceral | 24.9 | 24.9 |
| Disease progression relative to docetaxel administration, No. (%) | During treatment | 115 (30.4) | 104 (27.6) |
| | <3 months from last dose | 158 (41.8) | 181 (48.0) |
| | ≥3 months from last dose | 102 (27.0) | 90 (23.9) |
| | Unknown | 3 (0.8) | 2 (0.5) |
| Last docetaxel dose to disease progression (months) | Median (time) | 0.8 (0.0-3.1) | 0.7 (0.0-2.9) |
| Pain at baseline, No. (%) | Pain at baseline* | 174 (46.0) | 168 (44.6) |
| Measurability of disease (%) | Measurable disease† | 53.2 | 54.1 |
| | Nonmeasurable disease† | 46.8 | 45.9 |

PSA=prostate-specific antigen; RECIST=Response Evaluation Criteria in Solid Tumors.

*Pain was assessed with the McGill-Melzack present pain intensity scale and analgesic score was derived from analgesic consumption (morphine equivalents).

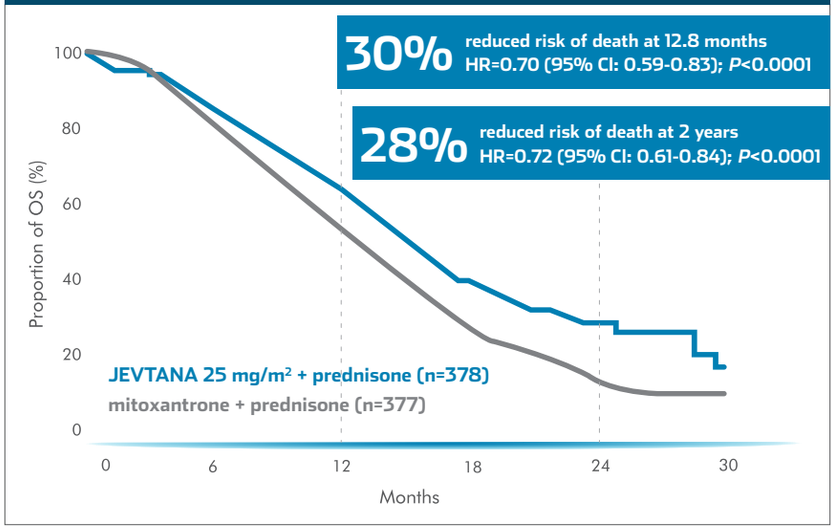
†Measurable disease was measured by RECIST and nonmeasurable disease was measured by rising PSA levels or appearance of new lesions.[1]

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

# TROPIC Overall Survival

## JEVTANA Sustained an OS Advantage in Second-line Treatment of mCRPC at 2 Years vs Mitoxantrone[1,16]

**Primary Endpoint: Overall Survival[1,14,16]**




- **12.8-month follow-up:** 15.1 months (95% CI: 14.1-16.3) median overall survival for patients receiving JEVTANA 25 mg/m$^2$ vs 12.7 months (95% CI: 11.6-13.7) with mitoxantrone (*P*<0.0001). Number of deaths were 234 (62%) with JEVTANA vs 279 (74%) with mitoxantrone[1,14]
- **2-year follow-up:** number of deaths were 350 (93%) with JEVTANA vs 366 (97%) with mitoxantrone[1]
- Due to study limitations, the 2-year advantage is the probability of survival with a data cutoff of March 2010[16]

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

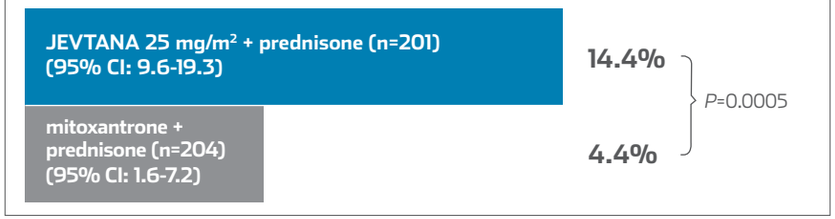
**Increased Toxicities in Elderly Patients:** Patients ≥65 years of age were more likely to experience fatal outcomes not related to disease progression and certain adverse reactions, including neutropenia and febrile neutropenia. Monitor closely.



# TROPIC Tumor Response Rate

## JEVTANA Delivered a ≥30% Tumor Reduction in 3X More Patients With mCRPC vs Mitoxantrone, an Active Comparator[1,14,17]

**Secondary Endpoint: Investigator-assessed Tumor Response[1,14]**




- Partial response was measured by RECIST criteria, which is defined as at least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters[14,17]
- Patients treated with 25 mg/m$^2$ of JEVTANA received a median of 6 treatment cycles, with 29.4% of patients receiving 10 treatment cycles[1,15]

### TROPIC Safety[1]

- The most common (≥10%) grade 1-4 adverse reactions in patients who received JEVTANA vs mitoxantrone were anemia (98% vs 82%, respectively), leukopenia (96% vs 93%), neutropenia (94% vs 87%), thrombocytopenia (48% vs 43%), diarrhea (47% vs 11%), fatigue (37% vs 27%), nausea (34% vs 23%), vomiting (22% vs 10%), constipation (20% vs 15%), asthenia (20% vs 12%), abdominal pain (17% vs 6%), hematuria (17% vs 4%), back pain (16% vs 12%), anorexia (16% vs 11%), peripheral neuropathy (13% vs 3%), pyrexia (12% vs 6%), dyspnea (12% vs 4%), dysgeusia (11% vs 4%), cough (11% vs 6%), arthralgia (11% vs 8%), and alopecia (10% vs 5%)
- The most common (≥5%) grade 3-4 adverse reactions in patients who received JEVTANA vs mitoxantrone were neutropenia (82% vs 58%), leukopenia (69% vs 42%), anemia (11% vs 5%), febrile neutropenia (7% vs 1%), diarrhea (6% vs <1%), fatigue (5% vs 3%), and asthenia (5% vs 2%)

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

**Hypersensitivity Reactions:** Severe hypersensitivity reactions can occur. Premedicate all patients with antihistamines, corticosteroids and H2 antagonists prior to JEVTANA. Observe patients closely, especially during the first and second infusions. Discontinue JEVTANA immediately if severe hypersensitivity occurs and treat as indicated.

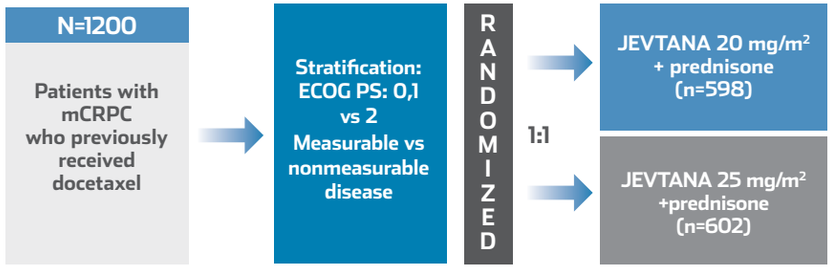
**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

# PROSELICA Pivotal Trial Design

## JEVTANA 20 mg/m² Dose Was Established in the PROSELICA Trial[1]

**Large, noninferiority, multicenter, randomized, open-label trial (N=1200)[1,18]**

- The trial enrolled patients with mCRPC who previously received docetaxel
- Patients were stratified according to ECOG PS and measurable vs nonmeasurable disease
- Patients were randomized (1:1) to:
  - JEVTANA 20 mg/m² + prednisone (n=598)
  - JEVTANA 25 mg/m² + prednisone (n=602)
- The primary endpoint was overall survival




## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

**Gastrointestinal (GI) Adverse Reactions:** Nausea, vomiting, and severe diarrhea may occur. Death related to diarrhea and electrolyte imbalance occurred in the randomized clinical trials and mortality related to diarrhea has been reported. Intensive measures may be required for severe diarrhea and electrolyte imbalance. Rehydrate and treat with antiemetics and antidiarrheals as needed. If experiencing grade ≥3 diarrhea, dosage should be modified.



# PROSELICA Patient Characteristics

**Summary of Demographic and Patient Characteristics[15,18]**

| | | JEVTANA 20 mg/m² + prednisone (n=598) | JEVTANA 25 mg/m² + prednisone (n=602) |
|---|---|---|---|
| **Age** | Median (range) | 68 (45-89) | 69 (45-88) |
| | ≥75, No. (%) | 120 (20.1) | 127 (21.1) |
| **ECOG PS, No. (%)** | 0,1 | 539 (90.1) | 540 (89.7) |
| | 2 | 59 (9.9) | 62 (10.3) |
| **PSA, ng/mL** | Median | 159.49 | 170.90 |
| **Disease site (%)** | Bone | 93.5 | 94.5 |
| | Lymph nodes | 49.2 | 49.7 |
| | Lung | 15.6 | 15.9 |
| | Liver | 15.7 | 15.0 |
| **Disease progression relative to treatment, No. (%)** | During last docetaxel treatment | 153 (25.6) | 154 (25.6) |
| | <3 months since last docetaxel dose | 251 (42.0) | 270 (44.9) |
| | 3-6 months since last docetaxel dose | 110 (18.4) | 96 (15.9) |
| | >6 months since last docetaxel dose | 69 (11.5) | 61 (10.1) |
| | Missing | 15 (2.5) | 21 (3.5) |
| **Time from last docetaxel dose to progression, months** | Median | 1.0 | 1.0 |
| | Mean (SD) | 2.7 (5.3) | 2.3 (4.1) |
| **Pain at baseline, No. (%)** | Pain at baseline* | 248 (41.5) | 284 (47.2) |
| **Measurability of disease (%)** | Measurable disease† | 49.0 | 48.0 |
| | Nonmeasurable disease† | 51.0 | 52.0 |

*Pain was assessed with the McGill-Melzack present pain intensity scale, and analgesic score was derived from analgesic consumption (morphine equivalents).

†Measurable disease was measured by RECIST and nonmeasurable disease was measured by rising PSA or appearance of new lesions.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

# PROSELICA Overall Survival

## JEVTANA 20 mg/m² Delivered OS Comparable to 25 mg/m²

**Per-protocol Population: OS**[1,18]


**No notable difference in OS was observed in subgroups based on the stratification factors of ECOG PS score, measurability of disease, or region.**[1]

- Per intent-to-treat population: 13.4 months (95% CI: 12.2-14.9) median OS for JEVTANA 20 mg/m² and 14.5 months (95% CI: 13.5-15.3) for JEVTANA 25 mg/m² (HR=1.024) (97.78% CI: 0.886-1.184)[1]
- **In TROPIC:** 15.1 months (95% CI: 14.1-16.3) median overall survival for patients receiving JEVTANA 25 mg/m² vs 12.7 months (95% CI: 11.6-13.7) with mitoxantrone (*P*<0.0001). Number of deaths were 234 (62%) with JEVTANA vs 279 (74%) with mitoxantrone[1]

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

**Gastrointestinal (GI) Adverse Reactions (cont'd):** GI hemorrhage and perforation, ileus, enterocolitis, neutropenic enterocolitis, including fatal outcome, have been reported. Risk may be increased with neutropenia, age, steroid use, concomitant use of NSAIDs, antiplatelet therapy or anticoagulants, and prior history of pelvic radiotherapy, adhesions, ulceration and GI bleeding. Abdominal pain and tenderness, fever, persistent constipation, diarrhea, with or without neutropenia, may be early manifestations of serious GI toxicity and should be evaluated and treated promptly. JEVTANA treatment delay or discontinuation may be necessary.



# PROSELICA Adverse Reactions

## Difference in Incidence of Adverse Reactions (ARs)* With JEVTANA 20 mg/m² vs 25 mg/m²

**ARs* ≥5% in the PROSELICA Trial**[1]

| | JEVTANA 20 mg/m² + pred (n=580) | JEVTANA 25 mg/m² + pred (n=595) | Absolute difference | JEVTANA 20 mg/m² + pred (n=580) | JEVTANA 25 mg/m² + pred (n=595) | Absolute difference |
|---|---|---|---|---|---|---|
| **Adverse reaction** | **Grade 1–4** | | | **Grade 3–4** | | |
| Diarrhea | 31% | 40% | -9% | 1% | 4% | -3% |
| Nausea | 25% | 32% | -7% | 0.7% | 1% | -0.3% |
| Fatigue | 25% | 27% | -2% | 3% | 4% | -1% |
| Constipation | 18% | 18% | 0 | 0.3% | 0.7% | -0.4% |
| Vomiting | 15% | 18% | -3% | 1.2% | 1% | +0.2% |
| Asthenia | 15% | 20% | -5% | 2% | 2% | 0 |
| Hematuria | 14% | 21% | -7% | 2% | 4% | -2% |
| Decreased appetite | 13% | 19% | -6% | 0.7% | 1% | -0.3% |
| Back pain | 11% | 14% | -3% | 0.9% | 1% | -0.1% |
| Bone pain | 8% | 8% | 0 | 2% | 2% | 0 |
| Arthralgia | 8% | 7% | +1% | 0.5% | 0.8% | -0.3% |
| Urinary tract infection† | 7% | 11% | -4% | 2% | 2% | 0 |
| Dysgeusia | 7% | 11% | -4% | 0 | 0 | 0 |
| Peripheral sensory neuropathy | 7% | 11% | -4% | 0 | 0.7% | -0.7% |
| Peripheral edema | 7% | 9% | -2% | 0.2% | 0.2% | 0 |
| Cough | 6% | 6% | 0 | 0 | 0 | 0 |
| Abdominal pain | 6% | 9% | -3% | 0.5% | 1% | -0.5% |
| Headache | 5% | 4% | +1% | 0.2% | 0.2% | 0 |
| Dyspnea | 5% | 8% | -3% | 0.9% | 0.7% | +0.2 |
| Stomatitis | 5% | 5% | 0 | 0 | 0.3% | -0.3% |
| Pain in extremity | 5% | 7% | -2% | 0.2% | 0.5% | -0.3% |
| Dysuria | 5% | 4% | +1% | 0.3% | 0 | +0.3% |
| Pyrexia | 5% | 6% | -1% | 0.2% | 0.2% | 0 |
| Dizziness | 4% | 5% | -1% | 0 | 0 | 0 |
| Weight decreased | 4% | 7% | -3% | 0.2% | 0 | +0.2% |
| Neutropenia‡ | 3% | 11% | -8% | 2% | 10% | -8% |
| Neutropenic infection§ | 3% | 7% | -4% | 2% | 6% | -4% |
| Alopecia | 3% | 6.1% | -3.1% | 0 | 0 | 0 |
| Febrile neutropenia | 2% | 9% | -7% | 2% | 9% | -7% |
| Wrong technique in drug usage process | 0.3% | 5% | -4.7% | 0 | 0 | 0 |

*Grade from NCI CTCAE version 4.03.
†Includes urinary tract infection staphylococcal, urinary tract infection bacterial, urinary tract infection fungal, and urosepsis.
‡Based on adverse event reporting.
§Includes neutropenic sepsis.
pred=prednisone

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

## Difference in Incidence in Hematologic Laboratory Abnormalities With JEVTANA 20 mg/m² vs 25 mg/m²

**Hematologic Laboratory Abnormalities in the PROSELICA Trial[1]**

| | JEVTANA 20 mg/m² + prednisone (n=577) | JEVTANA 25 mg/m² + prednisone (n=590) | Absolute difference | JEVTANA 20 mg/m² + prednisone (n=577) | JEVTANA 25 mg/m² + prednisone (n=590) | Absolute difference |
|---|---|---|---|---|---|---|
| Laboratory abnormality | Grade 1–4 | | | Grade 3–4 | | |
| Neutropenia | 67% | 89% | -22% | 42% | 73% | -31% |
| Anemia | 99.8% | 99.7% | +0.1% | 10% | 14% | -4% |
| Leukopenia | 80% | 95% | -15% | 29% | 60% | -31% |
| Thrombocytopenia | 35% | 43% | -8% | 3% | 4% | -1% |

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

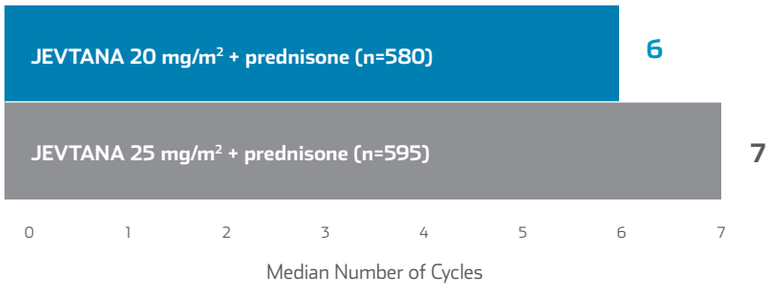
**Renal Failure:** Cases, including those with fatal outcomes, have been reported. Identify cause and manage aggressively.





## Patients Received a Median of 6 or 7 Treatment Cycles in the PROSELICA Trial[1]

**Treatment Duration by Study Arm Regardless of Dose Reductions[1]**




### Dose Reductions[1]

- In the 25 mg/m² group, 128 patients (22%) had a dose reduced from 25 to 20 mg/m², 19 patients (3%) had a dose reduced from 20 to 15 mg/m² and 1 patient (0.2%) had a dose reduced from 15 to 12 mg/m²
- In the 20 mg/m² group, 58 patients (10%) had a dose reduced from 20 to 15 mg/m², and 9 patients (2%) had a dose reduced from 15 to 12 mg/m²

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

**Urinary Disorders including Cystitis:** Cystitis, radiation cystitis, and hematuria, including that requiring hospitalization, has been reported with JEVTANA in patients who previously received pelvic radiation. Cystitis from radiation recall may occur late in treatment with JEVTANA. Monitor patients who previously received pelvic radiation for signs and symptoms of cystitis while on JEVTANA. Interrupt or discontinue JEVTANA in patients experiencing severe hemorrhagic cystitis. Medical and/or surgical supportive treatment may be required to treat severe hemorrhagic cystitis.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

## A Comparative, Prospective Phase 4 Trial of JEVTANA vs Abiraterone or Enzalutamide in Patients With mCRPC[2]

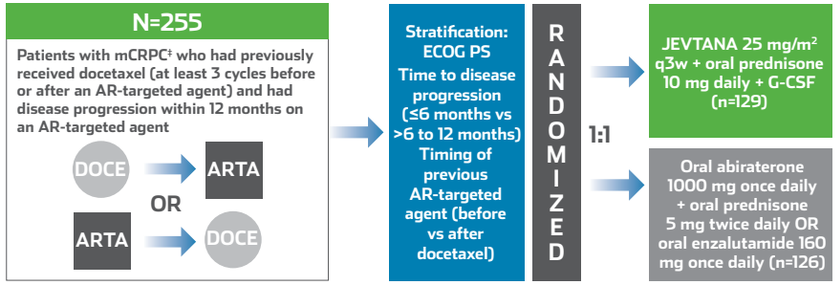
**Randomized, open-label, multicenter study (N=255)[2]**

- The trial enrolled patients with mCRPC who had previously received docetaxel and had disease progression within 12 months on an AR-targeted agent
- Patients were stratified according to ECOG PS, time to disease progression (≤6 months vs >6 to 12 months), and timing of previous AR-targeted agent (before vs after docetaxel)
- Patients were randomized (1:1) to:
  - JEVTANA 25 mg/m$^2$ q3w + oral prednisone 10 mg daily + G-CSF OR
  - Oral abiraterone 1000 mg once daily + oral prednisone 5 mg twice daily or oral enzalutamide 160 mg once daily*
- The CARD trial was an open-label trial with no blinded central review of the standard imaging. Conducted at 62 sites in 13 European countries
- This trial was sponsored by Sanofi

## Endpoints[2]

- Primary endpoint: Imaging-based progression-free survival (rPFS)†
- Secondary endpoints included overall survival, tumor response, and safety

†rPFS is defined as the time from randomization to the occurrence of one of the following events: radiological tumor progression using RECIST 1.1 (except for lymph nodes: if lymph node metastasis is the only evidence of metastasis at baseline, it must be ≥20 mm in diameter when measured by spiral CT or MRI [as defined by PCWG2]), progression of bone lesions according to PCWG2 criteria, or death.




AR-targeted agent=abiraterone or enzalutamide.
Median follow-up was 9.2 months from randomization until the end of the study.
ARTA=AR-targeted agent; CT=computed tomography; DOCE=docetaxel; MRI=magnetic resonance imaging; PCWG2=Prostate Cancer Clinical Trials Working Group 2.
*Abiraterone was given to patients who had previously received enzalutamide before trial entry and enzalutamide was given to patients who had previously received abiraterone.
‡Patients had histologically confirmed prostate cancer and castrate levels of serum testosterone (<0.5 ng/mL).

| Summary of Demographic and Patient Characteristics[2,19] | | JEVTANA 25 mg/m$^2$ + prednisone (n=129) | abiraterone or enzalutamide (n=126) |
|---|---|---|---|
| Age | Median (range) | 70 (46-85) | 71 (45-88) |
| | ≥75 | 34.9 | 27.0 |
| ECOG PS, No. (%) | 0,1 | 123 (95.3) | 119 (94.4) |
| | 2 | 6 (4.7) | 7 (5.6) |
| Disease site, No. (%) | Bone (± lymph nodes) | 74 (57.4) | 76 (60.3) |
| | Lymph nodes | 8 (6.2) | 6 (4.8) |
| | Liver | 11 (8.5) | 18 (14.3) |
| | Lung | 10 (7.8) | 7 (5.6) |
| PSA, ng/mL | Median (range) | 62.0 (1.1-15,000.0) | 60.5 (1.5-2868.0) |
| Type of progression at trial entry, No. (%) | PSA only | 11 (8.5) | 10 (7.9) |
| | Imaging-based, with or without PSA progression | 23 (17.8) | 16 (12.7) |
| | Pain, with or without PSA or imaging-based progression | 86 (66.7) | 90 (71.4) |
| | Missing data | 9 (7.0) | 10 (7.9) |
| Disease History | | | |
| M1 disease at diagnosis, No. (%) | | 49 (38.0) | 60 (47.6) |
| Gleason score 8-10 at diagnosis, No. (%) | | 73 (56.6) | 81 (64.3) |
| First androgen deprivation therapy | Median duration (range), mo | 13.7 (2-114) | 12.6 (3-179) |
| Previous ARTA, No. (%)§ | Abiraterone | 56 (43.4) | 67 (53.2) |
| | Enzalutamide | 72 (55.8) | 59 (46.8) |
| Timing of previous ARTA, No. (%) | Before docetaxel | 50 (38.8) | 49 (38.9) |
| | After docetaxel | 70 (61.2) | 77 (61.1) |

§One patient (0.8%) had missing data in the JEVTANA group.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

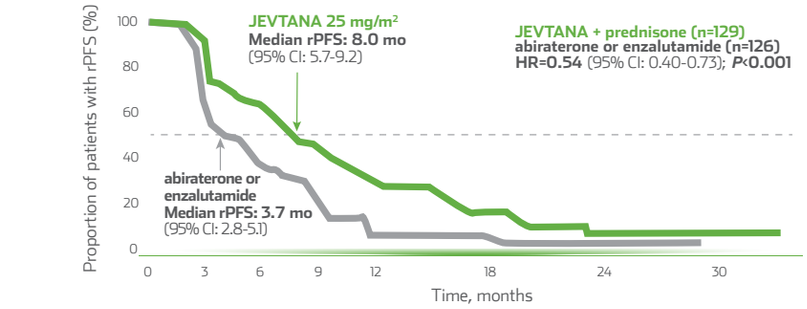
**Respiratory Disorders:** Interstitial pneumonia/pneumonitis, interstitial lung disease and acute respiratory distress syndrome have been reported and may be associated with fatal outcome. Patients with underlying lung disease may be at higher risk for these events. Acute respiratory distress syndrome may occur in the setting of infection. Interrupt JEVTANA if new or worsening pulmonary symptoms develop. Closely monitor, promptly investigate, and appropriately treat patients receiving JEVTANA. Consider discontinuation. The benefit of resuming JEVTANA treatment must be carefully evaluated.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

# CARD Radiographic Progression-free Survival

## rPFS Was Significantly Improved With JEVTANA Compared With Abiraterone or Enzalutamide[2]

**Primary Endpoint: rPFS (Intention-to-treat Population)**




| NO. AT RISK: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| JEVTANA 25 mg/m²: | 129 | 91 | 64 | 41 | 23 | 9 | 2 | 1 |
| abiraterone or enzalutamide: | 126 | 61 | 36 | 22 | 7 | 3 | 1 | 0 |

**46% relative reduction in risk of radiographic progression or death[2]**

- All efficacy analyses were performed on the intention-to-treat population, at the cut-off date for 196 rPFS events
- After progression, the choice of subsequent anticancer treatment was at the discretion of the investigator. Of 126 patients randomized to an AR-targeted agent, 42 (33.3%) received JEVTANA after progression. Of 129 patients randomized to JEVTANA, 30 (23.3%) received abiraterone or enzalutamide after progression

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

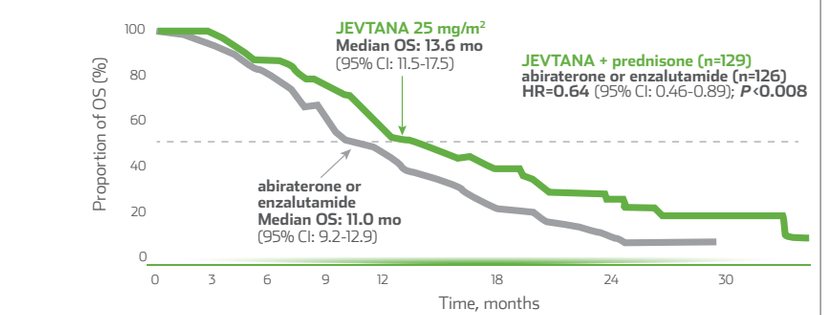
**Use in Patients with Hepatic Impairment:** JEVTANA dose should be reduced for patients with mild (total bilirubin >1 to ≤1.5 x ULN or AST >1.5 x ULN) and moderate (total bilirubin >1.5 to ≤3.0 x ULN and any AST) hepatic impairment, based on tolerability data in these patients. Administer JEVTANA 20 mg/m² for mild hepatic impairment. Administer JEVTANA 15 mg/m² for moderate hepatic impairment. Monitor closely.



# CARD Overall Survival

## OS Was Significantly Improved With JEVTANA Compared With Abiraterone or Enzalutamide[2]

**Secondary Endpoint: OS (Intention-to-treat Population)**




| NO. AT RISK: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| JEVTANA 25 mg/m²: | 129 | 122 | 96 | 77 | 51 | 21 | 8 | 2 |
| abiraterone or enzalutamide: | 126 | 116 | 88 | 64 | 39 | 11 | 3 | 0 |

**36% relative reduction in risk of death[2]**

- At the cutoff date, 153 deaths were noted, with 70 deaths (54.3%) occurring in the JEVTANA 25 mg/m² group and 83 (65.9%) in the abiraterone or enzalutamide group[2]
- The 25 mg/m² dose of JEVTANA was used in the CARD trial, which was conducted in Europe. The recommended starting dose of JEVTANA is 25 mg/m² in the European label[2,20]

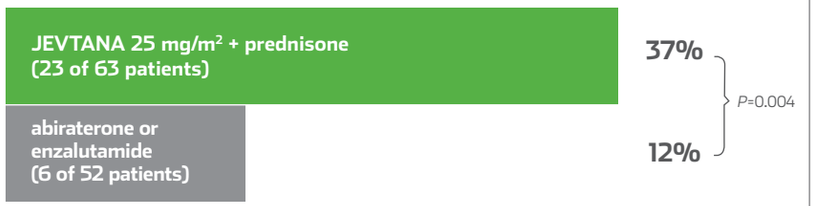
### CARD STUDY RESULTS ADDED TO NCCN CLINICAL PRACTICE GUIDELINES IN ONCOLOGY (NCCN GUIDELINES®)[3]

Cabazitaxel at 25 mg/m² with concurrent steroid improved radiographic PFS and reduced the risk of death compared with abiraterone or enzalutamide in patients with prior docetaxel treatment for mCRPC in the CARD study.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

## Tumor Response With JEVTANA Compared With Abiraterone or Enzalutamide[2]

**Secondary Endpoint: Tumor Response (Patients With Measurable Disease at Baseline)[2]**




- Partial response was measured by RECIST criteria, which is defined as at least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters[17]

### Treatment Duration

- The median number of treatment cycles received was 7 cycles for patients on JEVTANA 25 mg/m² compared with 4 cycles for those on abiraterone or enzalutamide. A treatment cycle was 3 weeks in both trial groups[2]

### Dose Reduction

- At least 1 dose reduction occurred in 27 patients (21.4%) receiving JEVTANA 25 mg/m² and in 47 patients (37.9%) receiving an AR-targeted agent[2]
- A dose reduction occurred in 17 of 58 patients (29%) receiving abiraterone and in 30 of 66 patients (45%) receiving enzalutamide[2]

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

**Embryo-Fetal Toxicity:** JEVTANA can cause fetal harm and loss of pregnancy. Advise males with female partners of reproductive potential to use effective contraception during treatment and for 3 months after the last dose of JEVTANA.



## No New Safety Signals Were Observed[2]

**AE of Any Grade Reported in ≥10% and/or Grade ≥3 Reported in ≥3% of Patients in Either Treatment Arm (Safety Population), No. (%)[2]**

| | JEVTANA 25 mg/m² + prednisone (n=126) | | abiraterone or enzalutamide (n=124) | |
|---|---|---|---|---|
| **Adverse event** | **All grades** | **Grade ≥3** | **All grades** | **Grade ≥3** |
| Asthenia/fatigue | 67 (53.2) | 5 (4.0) | 45 (36.3) | 3 (2.4) |
| Diarrhea | 50 (39.7) | 4 (3.2) | 8 (6.5) | 0 |
| Infection | 40 (31.7) | 10 (7.9) | 25 (20.2) | 9 (7.3) |
| Musculoskeletal pain/discomfort* | 34 (27.0) | 2 (1.6) | 49 (39.5) | 7 (5.6) |
| Nausea/vomiting | 33 (26.2) | 0 | 29 (23.4) | 2 (1.6) |
| Peripheral neuropathy | 25 (19.8) | 4 (3.2) | 4 (3.2) | 0 |
| Constipation | 19 (15.1) | 0 | 13 (10.5) | 0 |
| Hematuria | 19 (15.1) | 1 (0.8) | 7 (5.6) | 2 (1.6) |
| Decreased appetite | 17 (13.5) | 1 (0.8) | 19 (15.3) | 3 (2.4) |
| Dysgeusia | 14 (11.1) | 0 | 5 (4.0) | 0 |
| Renal disorder† | 8 (6.3) | 4 (3.2) | 14 (11.3) | 10 (8.1) |
| Cardiac disorder | 8 (6.3) | 1 (0.8) | 10 (8.1) | 6 (4.8) |
| Arthralgia | 8 (6.3) | 0 | 16 (12.9) | 1 (0.8) |
| Spinal cord or nerve root disorder‡ | 6 (4.8) | 3 (2.4) | 9 (7.3) | 5 (4.0) |
| Psychiatric disorder§ | 5 (4.0) | 0 | 15 (12.1) | 0 |
| Febrile neutropenia | 4 (3.2) | 4 (3.2) | 0 | 0 |

*Musculoskeletal pain or discomfort included back pain, flank pain, musculoskeletal discomfort and pain, neck pain, or pain in extremities.
†Renal disorder included acute kidney injury, renal failure and impairment, hydronephrosis, or pyelocaliectasis.
‡Spinal cord or nerve root disorder included sciatalgia, radiculopathy, or spinal cord compression.
§Psychiatric disorder included anxiety, depression, confusion, disorientation, or sleep disorder.

## IMPORTANT SAFETY INFORMATION

### ADVERSE REACTIONS (ARs)

The most common all grades adverse reactions and laboratory abnormalities (≥10%) with JEVTANA 20 mg/m² or 25 mg/m² are neutropenia, anemia, leukopenia, thrombocytopenia, diarrhea, fatigue, nausea, vomiting, constipation, asthenia, abdominal pain, hematuria, back pain, anorexia, peripheral neuropathy, pyrexia, dyspnea, dysgeusia, cough, arthralgia, and alopecia.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

## AEs Grade ≥3 Occurred at Similar Rates for Both Treatment Groups[2]

| Deaths (Intention-to-treat Population), No. (%)[2] | | |
|---|---|---|
| | JEVTANA 25 mg/m² + prednisone (n=129) | abiraterone or enzalutamide (n=126) |
| Deaths by the cutoff date | 70 (54.3) | 83 (65.9) |
| AE leading to death (fatal outcome)** | 7 (5.6) | 14 (11.3) |

| AEs (Safety Population), No. (%)[2] | | |
|---|---|---|
| | JEVTANA 25 mg/m² + prednisone (n=126) | abiraterone or enzalutamide (n=124) |
| Any AE | 124 (98.4) | 117 (94.4) |
| Grade ≥3 AE | 71 (56.3) | 65 (52.4) |
| Serious AE | 49 (38.9) | 48 (38.7) |
| AE leading to permanent treatment discontinuation | 25 (19.8) | 11 (8.9) |
| AE leading to death (fatal outcome)* | 7 (5.6) | 14 (11.3) |

*Adverse events leading to death were assessed during the period from randomization to 30 days after the last treatment administration.
**Adverse events leading to death were assessed during the period from randomization to 30 days after the last treatment administration.

- G-CSF was mandated every cycle per trial protocol. Per the full Prescribing Information, primary prophylaxis with G-CSF is recommended in patients with high-risk clinical features[1,2]

## IMPORTANT SAFETY INFORMATION

### DRUG INTERACTIONS

Avoid coadministration of JEVTANA with strong CYP3A inhibitors. If patients require coadministration of a strong CYP3A inhibitor, consider a 25% JEVTANA dose reduction.





## For Patients With mCRPC Previously Treated With a Docetaxel-Containing Regimen[1]

**For patients with mCRPC previously treated with a docetaxel-containing regimen, the recommended dose of JEVTANA is 20 mg/m². A dose of JEVTANA 25 mg/m² can be used in select patients at HCP discretion.[1]**

### Premedication[1]

Premedicate at least 30 minutes prior to each dose of JEVTANA with the following intravenous medications to reduce the risk and/or severity of hypersensitivity: antihistamine (dexchlorpheniramine 5 mg, or diphenhydramine 25 mg or equivalent antihistamine), corticosteroid (dexamethasone 8 mg or equivalent steroid), $H_2$ antagonist (ranitidine 50 mg or equivalent $H_2$ antagonist). Antiemetic prophylaxis is recommended and can be given orally or intravenously as needed.

### Recommended Dose Modifications for Patients With Adverse Reactions[1]

| Toxicity | Dose modification |
|---|---|
| **Prolonged grade ≥3 neutropenia (>1 week) despite appropriate medication including G-CSF** | Delay treatment until neutrophil count is >1,500 cells/mm³, then reduce dosage of JEVTANA by one dose level. Use G-CSF for secondary prophylaxis. |
| **Febrile neutropenia or neutropenic infection** | Delay treatment until improvement or resolution, and until neutrophil count is >1,500 cells/mm³, then reduce dosage of JEVTANA by one dose level. Use G-CSF for secondary prophylaxis. |
| **Grade ≥3 diarrhea or persisting diarrhea despite appropriate medication, fluid and electrolyte replacement** | Delay treatment until improvement or resolution, then reduce dosage of JEVTANA by one dose level. |
| **Grade 2 peripheral neuropathy** | Delay treatment until improvement or resolution, then reduce dosage of JEVTANA by one dose level. |
| **Grade ≥3 peripheral neuropathy** | Discontinue JEVTANA. |
| **Hepatic impairment** | Administer JEVTANA at a dose of 20 mg/m² for patients with mild hepatic impairment and 15 mg/m² for patients with moderate hepatic impairment. |

- Patients at a 20 mg/m² dose who require dose reduction should decrease dosage of JEVTANA to 15 mg/m²
- Patients at a 25 mg/m² dose who require dose reduction should decrease dosage of JEVTANA to 20 mg/m². One additional dose reduction to 15 mg/m² may be considered

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

## Primary Prophylaxis With G-CSF Is Recommended in Patients With High-risk Clinical Features[1]

- Older patients
- Poor performance status
- Previous episodes of febrile neutropenia
- Extensive prior radiation ports
- Poor nutritional status
- Other serious comorbidities

The effectiveness of primary prophylaxis with G-CSF in patients receiving JEVTANA has not been studied.

## Consider Therapeutic Use of G-CSF and Secondary Prophylaxis in All Patients at Increased Risk of Neutropenia Complications[1]

- Monitor blood counts frequently to determine if initiation of G-CSF and/or dosage modification is needed[1]

## IMPORTANT SAFETY INFORMATION

### USE IN SPECIFIC POPULATIONS

- **Pregnancy:** The safety and efficacy of JEVTANA have not been established in females. There are no human data on the use of JEVTANA in pregnant women to inform the drug-associated risk.
- **Lactation:** The safety and efficacy of JEVTANA have not been established in females. There is no information available on the presence of JEVTANA in human milk, the effects of the drug on the breastfed infant, or the effects of the drug on milk production.
- **Females and Males of Reproductive Potential:** Advise male patients with female partners of reproductive potential to use effective contraception during treatment and for 3 months after the final dose of JEVTANA.





## How JEVTANA Is Supplied[1]

JEVTANA is supplied as a kit consisting of the following:

- One single-dose vial of JEVTANA injection: a clear yellow to brownish-yellow viscous solution of 60 mg/1.5 mL in a clear glass vial with a grey rubber closure, aluminum cap, and light green plastic flip-off cap
- One single-dose vial of diluent for JEVTANA: a clear colorless solution of 13% (w/w) ethanol in water for injection in a clear glass vial with a grey rubber closure, gold-color aluminum cap, and colorless plastic flip-off cap

Both items are in a blister pack in one carton.


**JEVTANA requires 2 dilutions prior to intravenous infusion. JEVTANA should be diluted only with the supplied diluent, followed by dilution in either 0.9% sodium chloride solution or 5% dextrose solution.[1]**

## Preparation: 2-step dilution process[1]

Do not use PVC infusion containers or polyurethane infusion sets for preparation and administration of JEVTANA injection infusion solution. JEVTANA should not be mixed with any other drugs.

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

JEVTANA is contraindicated in patients with neutrophil counts of ≤1,500/mm$^3$, patients with a history of severe hypersensitivity reactions to cabazitaxel or to other drugs formulated with polysorbate 80, and patients with severe hepatic impairment (total bilirubin >3x upper limit of normal (ULN)).

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

# Preparation and Administration (cont'd)

## Step 1: First Dilution[1]

1. Each vial of JEVTANA injection 60 mg/1.5 mL must first be mixed with the **entire contents** of supplied diluent. Once reconstituted, the resultant solution contains 10 mg/mL of JEVTANA.
2. When transferring the diluent, direct the needle onto the inside wall of JEVTANA vial and inject slowly to limit foaming. Remove the syringe and needle and gently mix the initial diluted solution by repeated inversions for at least 45 seconds to ensure full mixing of the drug and diluent. Do not shake.
3. Let the solution stand for a few minutes to allow any foam to dissipate, and check that the solution is homogeneous and contains no visible particulate matter. It is not required that all foam dissipate prior to continuing the preparation process.
4. The resulting initial diluted JEVTANA solution (cabazitaxel 10 mg/mL) requires further dilution before administration. The second dilution should be done immediately (within 30 minutes) to obtain the final infusion as detailed in Step 2.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

**Bone Marrow Suppression (BMS):** BMS manifested as neutropenia, anemia, thrombocytopenia and/or pancytopenia may occur. Neutropenic deaths have been reported. Monitor blood counts frequently to determine if initiation of G-CSF and/or dosage modification is needed. Primary prophylaxis with G-CSF is recommended in patients with high-risk clinical features. Monitoring of complete blood counts is essential on a weekly basis during cycle 1 and before each treatment cycle thereafter so that the dose can be adjusted, if needed. Caution is recommended in patients with hemoglobin <10 g/dl.



## Step 2: Second (Final) Dilution[1]

1. Withdraw the recommended dose from the JEVTANA solution containing 10 mg/mL as prepared in Step 1 using a calibrated syringe and further dilute into a sterile 250-mL PVC-free container of either 0.9% sodium chloride solution or 5% dextrose solution for infusion. If a dose >65 mg of JEVTANA is required, use a larger volume of infusion vehicle so that a concentration of 0.26 mg/mL JEVTANA is not exceeded. The concentration of the JEVTANA final infusion solution should be between 0.10 mg/mL and 0.26 mg/mL.
2. Remove the syringe and thoroughly mix the final infusion solution by gently inverting the bag or bottle.
3. As the final infusion solution is supersaturated, it may crystallize over time. Do not use if this occurs and discard.
4. Fully prepared JEVTANA infusion solution (in either 0.9% sodium chloride solution or 5% dextrose solution) should be used within 8 hours at ambient temperature (including the one-hour infusion), or for a total of 24 hours (including the one-hour infusion) under the refrigerated conditions.
5. Discard any unused portion.

## Administration[1]

Inspect visually for particulate matter, any crystals and discoloration prior to administration.

If the JEVTANA first diluted solution or second (final) infusion solution is not clear or appears to have precipitation, it should be discarded.

Use an in-line filter of 0.22 micrometer nominal pore size (also referred to as 0.2 micrometer) during administration.

The final JEVTANA infusion solution should be administered intravenously as a one-hour infusion at room temperature.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS cont'd

**Increased Toxicities in Elderly Patients:** Patients ≥65 years of age were more likely to experience fatal outcomes not related to disease progression and certain adverse reactions, including neutropenia and febrile neutropenia. Monitor closely.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

## Coverage

**Medicare** covers JEVTANA under the Medicare Part B benefit. In most cases, JEVTANA claims will be processed by Part A/B Medicare Administrative Contractors (MACs) (for physician office and hospital sites of service), Carriers (physician office) or Fiscal Intermediaries (hospitals). Medicare Advantage plans will most likely cover JEVTANA under a medical benefit.

**Medicaid** and private payers typically cover JEVTANA under the medical benefit, as they do other physician-administered products, but there are some scenarios where this may not always be the case.

## Product Codes

JEVTANA may be identified by a Healthcare Common Procedure Coding System (HCPCS) Level II code, National Drug Code (NDC), and Current Procedural Terminology (CPT) code.

HCPCS Level II codes include J-codes and C-codes. The following codes should be utilized for billing:

**HCPCS Level II Codes**

| | | Physician Office | Most Payers |
|---|---|---|---|
| J9043 | Injection, cabazitaxel, 1 mg | Hospital Outpatient | Most non-Medicare payers |
| C9276 | Injection, cabazitaxel, 1 mg | Hospital Inpatient | Most payers |
| | | Hospital Outpatient | Medicare |

**National Drug Code (NDC)**

| | |
|---|---|
| 0024-5824-11 | JEVTANA is supplied as a kit containing one single-use vial of 60 mg/1.5 mL JEVTANA Injection and one vial of diluent for JEVTANA (13% (w/w) ethanol in water for injection). Both items are in a blister pack in one carton. |

**CPT Code**

| | |
|---|---|
| 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug |



### WARNING: NEUTROPENIA AND HYPERSENSITIVITY

**Neutropenia: Neutropenic deaths have been reported. Monitor for neutropenia with frequent blood cell counts. JEVTANA is contraindicated in patients with neutrophil counts of ≤1,500 cells/mm$^3$. Primary prophylaxis with G-CSF is recommended in patients with high-risk clinical features.**

**Severe hypersensitivity: Severe hypersensitivity reactions can occur and may include generalized rash/erythema, hypotension and bronchospasm. Severe hypersensitivity reactions require immediate discontinuation of the JEVTANA infusion and administration of appropriate therapy. Patients should receive premedication. JEVTANA is contraindicated in patients who have a history of severe hypersensitivity reactions to cabazitaxel or to other drugs formulated with polysorbate 80.**

## CONTRAINDICATIONS

JEVTANA is contraindicated in patients with neutrophil counts of ≤1,500/mm$^3$, patients with a history of severe hypersensitivity reactions to cabazitaxel or to other drugs formulated with polysorbate 80, and patients with severe hepatic impairment (total bilirubin >3x upper limit of normal (ULN)).

## WARNINGS AND PRECAUTIONS

**Bone Marrow Suppression (BMS):** BMS manifested as neutropenia, anemia, thrombocytopenia and/or pancytopenia may occur. Neutropenic deaths have been reported. Monitor blood counts frequently to determine if initiation of G-CSF and/or dosage modification is needed. Primary prophylaxis with G-CSF is recommended in patients with high-risk clinical features. Monitoring of complete blood counts is essential on a weekly basis during cycle 1 and before each treatment cycle thereafter so that the dose can be adjusted, if needed. Caution is recommended in patients with hemoglobin <10 g/dl.

**Increased Toxicities in Elderly Patients:** Patients ≥65 years of age were more likely to experience fatal outcomes not related to disease progression and certain adverse reactions, including neutropenia and febrile neutropenia. Monitor closely.

**Hypersensitivity Reactions:** Severe hypersensitivity reactions can occur. Premedicate all patients with antihistamines, corticosteroids and H2 antagonists prior to JEVTANA. Observe patients closely, especially during the first and second infusions. Discontinue JEVTANA immediately if severe hypersensitivity occurs and treat as indicated.

**Gastrointestinal (GI) Adverse Reactions:** Nausea, vomiting, and severe diarrhea may occur. Death related to diarrhea and electrolyte imbalance occurred in the randomized clinical trials and mortality related to diarrhea has been reported. Intensive measures may be required for severe diarrhea and electrolyte imbalance. Rehydrate and treat with antiemetics and antidiarrheals as needed. If experiencing grade ≥3 diarrhea, dosage should be modified.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed WARNING.**

**Gastrointestinal (GI) Adverse Reactions cont'd:** GI hemorrhage and perforation, ileus, enterocolitis, neutropenic enterocolitis, including fatal outcome, have been reported. Risk may be increased with neutropenia, age, steroid use, concomitant use of NSAIDs, antiplatelet therapy or anticoagulants, and prior history of pelvic radiotherapy, adhesions, ulceration and GI bleeding. Abdominal pain and tenderness, fever, persistent constipation, diarrhea, with or without neutropenia, may be early manifestations of serious GI toxicity and should be evaluated and treated promptly. JEVTANA treatment delay or discontinuation may be necessary.

**Renal Failure:** Cases, including those with fatal outcomes, have been reported. Identify cause and manage aggressively.

**Urinary Disorders including Cystitis:** Cystitis, radiation cystitis, and hematuria, including that requiring hospitalization, has been reported with JEVTANA in patients who previously received pelvic radiation. Cystitis from radiation recall may occur late in treatment with JEVTANA. Monitor patients who previously received pelvic radiation for signs and symptoms of cystitis while on JEVTANA. Interrupt or discontinue JEVTANA in patients experiencing severe hemorrhagic cystitis. Medical and/or surgical supportive treatment may be required to treat severe hemorrhagic cystitis.

**Respiratory Disorders:** Interstitial pneumonia/pneumonitis, interstitial lung disease and acute respiratory distress syndrome have been reported and may be associated with fatal outcome. Patients with underlying lung disease may be at higher risk for these events. Acute respiratory distress syndrome may occur in the setting of infection. Interrupt JEVTANA if new or worsening pulmonary symptoms develop. Closely monitor, promptly investigate, and appropriately treat patients receiving JEVTANA. Consider discontinuation. The benefit of resuming JEVTANA treatment must be carefully evaluated.

**Use in Patients with Hepatic Impairment:** JEVTANA dose should be reduced for patients with mild (total bilirubin >1 to ≤1.5 x ULN or AST >1.5 x ULN) and moderate (total bilirubin >1.5 to ≤3.0 x ULN and any AST) hepatic impairment, based on tolerability data in these patients. Administer JEVTANA 20 mg/m$^2$ for mild hepatic impairment. Administer JEVTANA 15 mg/m$^2$ for moderate hepatic impairment. Monitor closely.

**Embryo-Fetal Toxicity:** JEVTANA can cause fetal harm and loss of pregnancy. Advise males with female partners of reproductive potential to use effective contraception during treatment and for 3 months after the last dose of JEVTANA.

## ADVERSE REACTIONS (ARs)

The most common all grades adverse reactions and laboratory abnormalities (≥10%) with JEVTANA 20 mg/m$^2$ or 25 mg/m$^2$ are neutropenia, anemia, leukopenia, thrombocytopenia, diarrhea, fatigue, nausea, vomiting, constipation, asthenia, abdominal pain, hematuria, back pain, anorexia, peripheral neuropathy, pyrexia, dyspnea, dysgeusia, cough, arthralgia, and alopecia.

## DRUG INTERACTIONS

Avoid coadministration of JEVTANA with strong CYP3A inhibitors. If patients require coadministration of a strong CYP3A inhibitor, consider a 25% JEVTANA dose reduction.

## USE IN SPECIFIC POPULATIONS

- **Pregnancy:** The safety and efficacy of JEVTANA have not been established in females. There are no human data on the use of JEVTANA in pregnant women to inform the drug-associated risk.
- **Lactation:** The safety and efficacy of JEVTANA have not been established in females. There is no information available on the presence of JEVTANA in human milk, the effects of the drug on the breastfed infant, or the effects of the drug on milk production.
- **Females and Males of Reproductive Potential:** Advise male patients with female partners of reproductive potential to use effective contraception during treatment and for 3 months after the final dose of JEVTANA.

**Please see accompanying full Prescribing Information, including Boxed WARNING.**

**References: 1.** JEVTANA Prescribing Information. Bridgewater, NJ: sanofi-aventis U.S. LLC. **2.** de Wit R, de Bono J, Sternberg CN, et al; for the CARD Investigators. Cabazitaxel versus abiraterone or enzalutamide in metastatic prostate cancer. *N Engl J Med.* 2019. doi: 10.1056/NEJMoa1911206. [Epub ahead of print]. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prostate Cancer, V.2.2020. ©National Comprehensive Cancer Network, Inc. 2019. All rights reserved. Accessed February 24, 2020. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **4.** Halabi S, Lin CY, Small EJ, et al. Prognostic model predicting metastatic castration-resistant prostate cancer survival in men treated with second-line chemotherapy. *J Natl Cancer Inst.* 2013;105(22):1729-1737. **5.** Armstrong AJ, Garrett-Mayer ES, Yang YC, et al. *Clin Cancer Res.* 2017;13(21):6396-6403. **6.** Mukherji D, Omlin A, Pezaro C, et al. Metastatic castration-resistant prostate cancer (CRPC): preclinical and clinical evidence for the sequential use of novel therapeutics. *Cancer Metastasis Rev.* 2014;33(2-3):555-566. **7.** Scher HI, Lu D, Schreiber NA, et al. Association of AR-V7 on circulating tumor cells as a treatment-specific biomarker with outcomes and survival in castration-resistant prostate cancer. *JAMA Oncol.* 2016;2(11): 1441-1449. **8.** Holohan C, Van Schaeybroeck S, Longley DB, et al. Cancer drug resistance: an evolving paradigm. *Nat Rev Cancer.* 2013;13(10):714-726. **9.** Rebucci M, Michiels C. Molecular aspects of cancer cell resistance to chemotherapy. *Biochem Pharmacol.* 2013;85(9):1219-1226. **10.** Antonarakis ES, Lu C, Luber B, et al. Androgen receptor splice variant 7 and efficacy of taxane chemotherapy in patients with metastatic castration-resistant prostate cancer. *JAMA Oncol.* 2015;1(5):582-591. **11.** Shiota M, Nakamura M, Yokomizo M, et al. Prognostic impact of prior androgen receptor axis-targeting agents in cabazitaxel chemotherapy after docetaxel. *Anticancer Res.* 2020;40(1):335-339. **12.** Paller CJ, Antonarakis ES. Cabazitaxel: a novel second-line treatment for metastatic castration-resistant prostate cancer. *Drug Des Devel Ther.* 2011;5:117-124. **13.** How do cells divide? National Institutes of Health. https://ghr.nlm.nih.gov/primer/howgeneswork/cellsdivide. Published February 11, 2020. Accessed February 21, 2020. **14.** de Bono JS, Oudard S, Ozguroglu M, et al; for the TROPIC Investigators. Prednisone plus cabazitaxel or mitoxantrone for metastatic castration-resistant prostate cancer progressing after docetaxel treatment: a randomized open-label trial. *Lancet.* 2010;376(9747): 1147-1154. **15.** Data on file. Bridgewater, NJ: sanofi-aventis U.S. LLC. **16.** Bahl A, Oudard S, Tombal B, et al; for the TROPIC Investigators. Impact of cabazitaxel on 2-year survival and palliation of tumour-related pain in men with metastatic castration-resistant prostate cancer treated in the TROPIC trial. *Ann Oncol.* 2013;24(9):2402-2408. **17.** Eisenhauer EA, Therasse P, Bogaerts J, et al. New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1). *Eur J Cancer.* 2009;45(2):228-247. **18.** Eisenberger M, Hardy-Bessard AC, Kim CS, et al. Phase III study comparing a reduced dose of cabazitaxel (20 mg/m$^2$) and the currently approved dose (25 mg/m$^2$) in postdocetaxel patients with metastatic castration-resistant prostate cancer–PROSELICA. *J Clin Oncol.* 2017;35:1-13. **19.** Supplement to: de Wit R, de Bono J, Sternberg CN, et al; for the CARD Investigators. Cabazitaxel versus abiraterone or enzalutamide in metastatic prostate cancer. *N Engl J Med.* 2019. doi: 10.1056/NEJMoa1911206. [Epub ahead of print]. **20.** JEVTANA Summary of Product Characteristics. Reading, England: Sanofi Genzyme.

# CareASSIST by Sanofi Genzyme for JEVTANA (cabazitaxel) injection

## Resources and support for your eligible patients

### Access and Reimbursement

Assistance navigating the insurance process, including benefits investigations, claims assistance, and information about prior authorizations and appeals.

### Financial Assistance

CareASSIST offers programs and services that can help eligible patients with the cost of JEVTANA.

- **If they have commercial insurance,** they may be eligible for the CareASSIST Copay Program. If they qualify, their out-of-pocket costs may be as little as $0
- **If they do not have insurance or lack coverage**, they may be eligible for the CareASSIST Patient Assistance Program and qualify to receive JEVTANA at no cost

Restrictions apply.

### Resource Support

Information on independent support services for patients and caregivers, as well as product ordering and replacement information.

Call **1-833-WE+CARE** (1-833-930-2273), Mon-Fri, 9 AM-8 PM ET, or visit **SanofiCareAssist.com/hcp/jevtana** to learn more.

**Please see accompanying full Prescribing Information, including Boxed WARNING.**

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CareASSIST™ Patient Support by Sanofi Genzyme

JEVTANA® (cabazitaxel) injection