Jevtana® (cabazitaxel)
Prescribing Information

Presentation: Vial containing 60mg cabazitaxel, with an accompanying vial of solvent. After dilution with the solvent, 1ml of solution contains 10mg cabazitaxel. **Indications:** Treatment, in combination with prednisone or prednisolone, of metastatic castrate resistant prostate cancer previously treated with a docetaxel-containing regimen. **Dosage and Administration:** Use of Jevtana should be confined to units specialising in the administration of cytotoxics and supervised by experienced anti-cancer chemotherapy specialists. Jevtana is administered as a 1 hour intravenous infusion every 3 weeks in combination with oral prednisone or prednisolone 10 mg administered daily throughout treatment. The recommended dose of Jevtana is 25 mg/m^2. Pre-medication with the following intravenous medicinal products: anti-histamine (dexchlorpheniramine 5 mg or diphenhydramine 25 mg or equivalent), corticosteroid (dexamethasone 8 mg or equivalent), and H2 antagonist (ranitidine or equivalent) should be given at least 30 minutes prior to each administration of Jevtana. Anti-emetic prophylaxis is recommended and can be given orally or intravenously as needed. For recommended dose modifications relating to adverse reaction in patients treated with cabazitaxel please consult the SPC. ***Elderly*:** No specific dose adjustment for the use of cabazitaxel in elderly patients is recommended ***Children***: Not recommended. ***Hepatic impairment*:** Patients with mild hepatic impairment (total bilirubin >1 to ≤1.5 x Upper Limit of Normal (ULN) or AST >1.5 x ULN), should have cabazitaxel dose reduced to 20 mg/m^2. Administration of cabazitaxel to patients with mild hepatic impairment should be undertaken with caution and close monitoring of safety. In patients with moderate hepatic impairment (total bilirubin >1.5 to ≤ 3.0 x ULN), the dose of cabazitaxel should not exceed 15 mg/m^2. Cabazitaxel should not be given to patients with severe hepatic impairment (total bilirubin >3 x ULN). **Contraindications**: Hypersensitivity to the active substance or excipients, baseline neutrophil count of <1,500 cells/mm^3, severe hepatic impairment (total bilirubin >3 x ULN), concomitant vaccination with yellow fever vaccine.

Please read section 6.6 of the Jevtana Summary of Product Characteristics (SPC) before mixing and diluting. Jevtana requires TWO dilutions prior to administration.

Precautions and Warnings: Patients should be observed closely for hypersensitivity reactions. Full blood counts must be monitored on a weekly basis during cycle 1 and before each cycle thereafter. Treatment should be delayed until improvement is seen in patients with; febrile neutropenia or neutropenic infection, Grade ≥ 3 neutropenia for more than one week (despite G-CSF use), Grade ≥ 2 peripheral neuropathy, Grade ≥ 3 diarrhoea or persisting diarrhoea, and dosage reduced. Adequate hydration should be ensured throughout treatment with cabazitaxel, renal disorders have been reported and renal failure including cases with fatal outcome has been observed. Discontinue treatment in cases of renal failure ≥ Grade 3 (CTCAE 4.0). Interstitial pneumonia/pneumonitis and interstitial lung disease have been reported and may be associated with fatal outcome. If new or worsening pulmonary symptoms develop, interruption of cabazitaxel therapy is recommended until diagnosis is available. Early use of supportive care measures may help improve the condition. The benefit of resuming cabazitaxel treatment must be carefully evaluated. Caution recommended in patients with haemoglobin <10 g/dl and appropriate measures taken as clinically indicated. Solvent contains 96% (15% v/v) ethanol which should be taken into account in high-risk groups such as patients with liver disease, or epilepsy. Gastrointestinal haemorrhage and perforation, ileus, colitis, including fatal outcome, have

been reported. Caution is advised in patients most at risk: those with neutropenia, the elderly, concomitant use of NSAIDs, anti-platelet therapy or anti-coagulants, history of pelvic radiotherapy or gastrointestinal disease. Cardiac arrhythmias have been reported, most commonly tachycardia and atrial fibrillation **Interactions**: Avoid co-administration with strong CYP3A4 inhibitors as they may increase the plasma concentrations of cabazitaxel. Avoid co-administration with strong CYP3A4 inducers as they may lead to decreased plasma concentrations of cabazitaxel. There is a possible risk of interaction with OATP1B1 substrates (e.g. statins, valsartan, repaglinide). A time interval of 12 hours is recommended before the infusion and at least 3 hours after the end of infusion before administering the OATP1B1 substrates. Vaccination with a live attenuated vaccine should be avoided in patients receiving cabazitaxel. Response to killed or inactivated vaccines may be diminished. **Pregnancy and Lactation:** Cabazitaxel is not recommended during pregnancy and in women of childbearing potential not using contraception. Cabazitaxel should not be used during breast-feeding.

For full information on Adverse Events please consult the Jevtana Summary of Product Characteristics.

Adverse Reactions: Infections and infestations; Septic shock, sepsis, cellulitis, urinary tract infection, influenza, cystitis, upper respiratory tract infection, herpes zoster, candidiasis. Blood and the lymphatic system; Neutropenia, anaemia, infections (including sepsis and pneumonia), thrombocytopenia, febrile neutropenia, Immune system disorders; Hypersensitivity reactions Metabolism and nutrition; Anorexia, dehydration, hyperglycaemia, hypokalaemia. Psychiatric; Anxiety, confusional state. Nervous system disorders; Dysgeusia peripheral and peripheral sensory neuropathy, dizziness, headache, paraesthesia, lethargy, hyposaesthesia, sciatica. Eye; conjunctivitis, Increased lacrimation. Ear and labyrinth; Tinnitus, vertigo Cardiac disorders, Atrial fibrillation, tachycardia, Vascular disorders; hypotension (including orthostatic), deep vein thrombosis, hypertension, flushing, hot flushes. Respiratory, thoracic and mediastinal; Dyspneoa, cough, oropharyngeal pain, pneumonia. Gastrointestinal; Diarrhoea, nausea, vomiting, constipation, abdominal pain, dyspepsia, abdominal pain upper, haemorrhoids, gastroesophageal reflux disease, rectal haemorrhage, dry mouth, abdominal distension, colitis, enterocolitis, gastritis, neutropenic enterocolitis, gastrointestinal haemorrhage and perforation, ileus and intestinal obstruction Skin and subcutaneous tissue; Alopecia, dry skin, erythema. Musculoskeletal and connective tissue; Back pain, arthralgia, pain in extremities, muscle spasms, myalgia, musculoskeletal chest pain, flank pain. Renal and urinary disorders; Renal failure (including acute), dysuria, renal colic, haematuria, pollakiura, hydronephrosis, urinary retention, urinary incontinence, ureteric obstruction. Reproductive system and breast; Pelvic pain. General disorders and administration site reactions; Fatigue, asthenia, pyrexia, peripheral oedema, mucosal inflammation, pain, chest pain, oedema, chills, malaise. Investigations; Weight decreased, elevated AST and transaminases.

Package Quantities and Basic NHS Price: Blister cartons containing one vial of Jevtana® 60mg concentrate: £3696. **Legal Category:** POM. **Marketing Authorisation Number**: EU/1/11/676/001. **Marketing Authorisation Holder:** Aventis Pharma S.A., 20 avenue Raymond Aron, 92165 Antony Cedex, France. **Further information is available from:** Medical Information Department, Sanofi, One Onslow Street, Guildford, GU1 4SY, Tel; 0845 372 7101

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard

Adverse events should also be reported to Sanofi Tel 0800 0902314