

Prior authorization requirements for Jevtana (cabazitaxel)

Effective September 1, 2018, prior authorization (PA) requirements changed for injectable drug Jevtana (cabazitaxel) to be covered by Summit Community Care. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements were added to the following:

- Jevtana (cabazitaxel), 10 mg — injection (J9043)

To request PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>
- **Fax:** 1-501-224-1355
- **Phone:** 1-844-462-0022

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website at <https://www.summitcommunitycare.com/provider>. Providers may also call us at 1-844-462-0022 for PA requirements.