**INDICATIONS AND USAGE**

JEVTANA is a microtubule inhibitor indicated in combination with prednisone for treatment of:

- Non-metastatic, chemotherapy-naive castration resistant prostate cancer (CRPC) patients (1)
- Castration resistant prostate cancer (CRPC) patients who have progressed on prior chemotherapy for CRPC (2.2)

**CONTRAINDICATIONS**

- Neutrophil counts of ≤1,500 cells/mm³ (2.2)(4)
- Severe hypersensitivity reactions (2.1)(5.2)
- Gastrointestinal disorders: Nausea, vomiting, and diarrhea may occur. Mortality related to gastrointestinal hemorrhage, perforation and neutropenic enterocolitis. Delay or discontinue JEVTANA (5.4)

**ADVERSE REACTIONS**

Most common all grades adverse reactions (>10%) are neutropenia, anemia, leukopenia, thrombocytopenia, diarrhea, fatigue, rashes, vomiting, constipation, asthma, abdominal pain, hematuria, back pain, anorexia, peripheral neuropathy, pyrexia, dyspnea, dysgeusia, cough, arthralgia, and alopecia. (6)

**HOW SUPPLIED/STORAGE AND HANDLING**

JEVTANA is available as a microtubule inhibitor indicated in combination with prednisone for treatment of patients with hormone-refractory metastatic prostate cancer. It is supplied as single dose vial 60 mg/1.5 mL, supplied with diluent (5.7 mL) for JEVTANA (3)

**DOSAGE FORMS AND STRENGTHS**

- Single dose vial 60 mg/1.5 mL supplied with diluent (5.7 mL) for JEVTANA (3)

**REFERENCES**

16 HOW SUPPLIED/STORAGE AND HANDLING

- 16.1 How Supplied
- 16.2 Storage
- 16.3 Handling and Disposal

**PATIENT COUNSELING INFORMATION**

- Sections or subsections omitted from the full prescribing information are not listed

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**HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use JEVTANA safely and effectively. See full prescribing information for JEVTANA.

JEVTANA® (cabazitaxel) injection, for intravenous use Initial U.S. Approval: 2010

**WARNING: NEUTROPENIA AND HYPERSENSITIVITY**

See full prescribing information for complete boxed warning.

- Neutopenic deaths have been reported. Obtain frequent blood counts to monitor for neutropenia. Do not give JEVTANA if neutrophil counts are ≤1,500 cells/mm³. (2.2)(4)
- Severe hypersensitivity can occur and may include generalized rash/erythema, hypotension and bronchoospasm. Discontinue JEVTANA immediately if severe reactions occur and administer appropriate therapy. (2.1)(5.2)
- Contraindicated if history of severe hypersensitivity reactions to JEVTANA or to drugs formulated with polysorbate 80. (4)

**RECENT MAJOR CHANGES**

Warnings and Precautions (5.5) 09/2016

**INFORMATION**

- JEVTANA is a microtubule inhibitor indicated in combination with prednisone for treatment of patients with hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen. (1)

**DOSAGE AND ADMINISTRATION**

Recommended Dose: JEVTANA 25 mg/m² administered every three weeks as a one-hour intravenous infusion in combination with oral prednisone 10 mg administered daily throughout JEVTANA treatment. (2.1)

- JEVTANA requires two dilutions prior to administration (2.5)
- Use the entire contents of the accompanying diluent to achieve a concentration of 10 mg/mL JEVTANA (2.5)
- PVC equipment should not be used (2.5)
- Premedication Regimen: Administer intravenously 30 minutes before each dose of JEVTANA:
  - Antihistamine (dextchlorpheniramine 5 mg or diphenhydramine 25 mg or equivalent antihistamine)
  - Corticosteroid (dexamethasone 8 mg or equivalent steroid)
  - H₂ antagonist (ranitidine 50 mg or equivalent H₂ antagonist) (2.1)
  - Antiemetic prophylaxis (oral or intravenous) is recommended as needed. (2.1)
- Dosage Modifications: See full prescribing information (2.2, 2.3, 2.4)

**ADVERSE REACTIONS**

To report SUSPECTED ADVERSE REACTIONS, contact sanofi-aventis U.S. LLC at 1-800-633-1510 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

**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. (2.4)(7.1)(12.3)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 05/2017

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WARNINGS: NEUTROPENIA AND HYPERSENSITIVITY
Neutropenia: Neutropenic deaths have been reported. In order to monitor the occurrence of neutropenia, frequent blood cell counts should be performed on all patients receiving JEVTANA. JEVTANA is contraindicated in patients with neutrophil counts of <1,500 cells/mm³ [see Contraindications (4) and Warnings and Precautions (5.1)].

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 [see Dosage and Administration (2.1), Contraindications (4), and Warnings and Precautions (5.2)].

1 INDICATIONS AND USAGE
JEVTANA® is a microtubule inhibitor indicated in combination with prednisone for the treatment of patients with hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen.

2 DOSAGE AND ADMINISTRATION
2.1 Dosing Information
The individual dosage of JEVTANA is based on calculation of the Body Surface Area (BSA) and is 25 mg/m² administered as a one-hour intravenous infusion every three weeks in combination with oral prednisone 10 mg administered daily throughout JEVTANA treatment.
Premeade at least 30 minutes prior to each dose of JEVTANA with the following intravenous medications to reduce the risk and/or severity of hypersensitivity [see Warnings and Precautions (5.2)]:
- antistaminine (deschlorpheniramine 5 mg, or diphenhydramine 25 mg or equivalent antistaminine);
- corticosteroid (dexamethasone 8 mg or equivalent steroid),
- H₂ antagonist (ranitidine 50 mg or equivalent H₂ antagonist).

Antimetic prophylaxis is recommended and can be given orally or intravenously as needed [see Warnings and Precautions (5.3)].

JEVTANA injection single-use vial requires two dilutions prior to administration [see Dosage and Administration (2.5)].

2.2 Dose Modifications for Adverse Reactions
Reduce or discontinue JEVTANA dosing for adverse reactions as described in Table 1.

Table 1: Recommended Dose Modifications for Adverse Reactions in Patients Treated with JEVTANA

<table>
<thead>
<tr>
<th>Toxicity</th>
<th>Dose Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged grade ≥3 neutropenia (greater than 1 week) despite appropriate medication including granulocyte-colony stimulating factor (G-CSF)</td>
<td>Delay treatment until neutrophil count is &gt;1,500 cells/mm³, then reduce dosage of JEVTANA to 20 mg/m². Use G-CSF for secondary prophylaxis.</td>
</tr>
<tr>
<td>Febrile neutropenia or neutropenic infection</td>
<td>Delay treatment until improvement or resolution, and until neutrophil count is &gt;1,500 cells/mm³, then reduce dosage of JEVTANA to 20 mg/m². Use G-CSF for secondary prophylaxis.</td>
</tr>
<tr>
<td>Grade ≥3 diarrhea or persisting diarrhea despite appropriate medication, fluid and electrolytes replacement</td>
<td>Delay treatment until improvement or resolution, then reduce dosage of JEVTANA to 20 mg/m².</td>
</tr>
<tr>
<td>Grade 2 peripheral neuropathy</td>
<td>Delay treatment until improvement or resolution, then reduce dosage of JEVTANA to 20 mg/m².</td>
</tr>
<tr>
<td>Grade ≥3 peripheral neuropathy</td>
<td>Discontinue JEVTANA</td>
</tr>
</tbody>
</table>

Discontinue JEVTANA treatment if a patient continues to experience any of these reactions at the 20 mg/m² dosage.

2.3 Dose Modifications for Hepatic Impairment
- Mild hepatic impairment (total bilirubin >1 to ≤1.5 x Upper Limit of Normal (ULN) or AST >1.5 x ULN): Reduce JEVTANA starting dose to 20 mg/m².
- Moderate hepatic impairment (total bilirubin >1.5 to ≤3 x ULN and AST = any): Reduce JEVTANA starting dose to 20 mg/m² based on tolerability data in these patients; however, the efficacy of this dose is unknown.
- Severe hepatic impairment (total bilirubin >3 x ULN): JEVTANA is contraindicated in patients with severe hepatic impairment [see Warnings and Precautions (5.7) and Clinical Pharmacology (12.3)].

2.4 Dose Modifications for Use with Strong CYP3A Inhibitors
Concomitant drugs that are strong CYP3A inhibitors (e.g., ketoconazole, itraconazole, clarithromycin, azithromycin, indinavir, nelfazodone, ritonavir, saquinavir, telithromycin, voriconazole) may increase plasma concentrations of cabazitaxel. Avoid the coadministration of JEVTANA with these drugs. If patients require coadministration of a strong CYP3A inhibitor, consider a 25% JEVTANA dose reduction [see Drug Interactions (7.1) and Clinical Pharmacology (12.3)].

2.5 Preparation and Administration
JEVTANA is a cytotoxic anticancer drug. Follow applicable special handling and disposal procedures [see References (15)]. If JEVTANA first diluted solution, or second (final) dilution for intravenous infusion should come into contact with the skin or mucous, immediately and thoroughly wash with soap and water.

Do not use PVC infusion containers or polyurethane infusion sets for preparation and administration of JEVTANA infusion solution.

JEVTANA should not be mixed with any other drugs.

Preparation
Read the entire section carefully before mixing and diluting. JEVTANA requires two dilutions prior to administration. Follow the preparation instructions provided below, as improper preparation may lead to overdose [see Overdosage (10)].

Note: Both the JEVTANA injection and the diluent vials contain an overfill to compensate for liquid loss during preparation. This overfill ensures that after dilution with the entire contents of the accompanying diluent, there is an initial diluted solution containing 10 mg/mL JEVTANA.

Inspect the JEVTANA injection and supplied diluent vials. The JEVTANA injection is a clear yellow to brownish-yellow viscous solution.

Step 1 – First Dilution
Each vial of JEVTANA (cabazitaxel) 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.

When transferring the diluent, direct the needle onto the inside wall of JEVTANA vial and inject slowly to limit foam. Remove the syringe and gently mix the initial diluted solution by repeated inversions for at least 45 seconds to assure full mixing of the drug and diluent. Do not shake. 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.

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.

Step 2 – Second (Final) Dilution
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 greater than 65 mg of JEVTANA is required, use a 10 mL volume of the infusion vehicle so that a concentration of 0.6 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.

Remove the syringe and thoroughly mix the final infusion solution by gently inverting the bag or bottle. Inspect theJEVTANA injection and supplied diluent. The JEVTANA injection is a clear yellow to brownish-yellow viscous solution.

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.

3 DOSAGE FORMS AND STRENGTHS
JEVTANA (cabazitaxel) injection is supplied as a kit consisting of the following:

- Cabazitaxel injection: 60 mg/1.5 mL, a clear yellow to brownish-yellow viscous solution
- Diluent: 5.7 mL of 13% (w/w) ethanol in water; a clear colorless solution

4 CONTRAINDICATIONS
JEVTANA is contraindicated in patients with:
- neutrophil counts of ≤1,500/mm³ [see Warnings and Precautions (5.1)]
- history of severe hypersensitivity reactions to cabazitaxel or to other drugs formulated with polysorbate 80 [see Warnings and Precautions (5.2)]
- severe hepatic impairment (total bilirubin >3 x ULN) [see Warnings and Precautions (5.7)]

5 WARNINGS AND PRECAUTIONS
5.1 Bone Marrow Suppression
Bone marrow suppression manifested as neutropenia, anemia, thrombocytopenia and/or pancytopenia may occur. Neutropenic deaths have been reported. In the randomized trial, five patients (1.3%) experienced fatal infectious adverse events (sepsis or septic shock). All had grade 4 neutropenia and one had febrile neutropenia. One additional patient’s death was attributed to neutropenia without a documented infection. Grade 3–4 neutropenia has been observed in 82% of patients treated with JEVTANA in the randomized trial.

G-CSF may be administered to reduce the risks of neutropenia complications associated with JEVTANA use. Primary prophylaxis with G-CSF should be considered in patients with high-risk clinical features (age >65 years, poor performance status, previous episodes of febrile neutropenia, extensive prior radiation ports, poor nutritional status, or other serious comorbidities) that predispose them to increased complications from prolonged neutropenia. Therapeutic use of G-CSF and secondary prophylaxis should be considered in all patients considered to be at increased risk for neutropenia complications.

Monitoring of complete blood counts is essential on a weekly basis during cycle 1 and before each subsequent treatment cycle thereafter so that the dose can be adjusted, if needed [see Dosage and Administration (2.5)].

JEVTANA is contraindicated in patients with neutrophils ≤1,500/mm³ [see Contraindications (4)].

Caution is recommended in patients with hemoglobin <10 g/dL.

5.2 Hypersensitivity Reactions
Hypersensitivity reactions may occur within a few minutes following the initiation of the infusion of JEVTANA. Thus, facilities and equipment for the treatment of hypotension and bronchospasm should be available. Severe hypersensitivity reactions can occur and may include generalized rash/erythema, hypotension and bronchospasm.

Premeade all patients prior to the initiation of the infusion of JEVTANA [see Dosage and Administration (2.1)]. Observe patients closely for hypersensitivity reactions, especially during the first and second infusions. Severe hypersensitivity reactions require immediate discontinuation of the JEVTANA infusion and appropriate therapy. JEVTANA is contraindicated in patients with a history of severe hypersensitivity reactions to cabazitaxel or to other drugs formulated with polysorbate 80 [see Contraindications (4)].

5.3 Gastrointestinal Adverse Reactions
Nausea, vomiting and severe diarrhea, at times, may occur. Death related to diarrhea and electrolyte imbalance occurred in the randomized clinical trial. Intensive measures may be required for severe diarrhea and electrolyte imbalance. Antimetic prophylaxis is recommended. Treatment with
rehydration, anti-diarrheal or anti-emetic medications as needed. Treatment delay or dosage reduction may be necessary if patients experience Grade 3 or 4 diarrhea [see Dosage and Administration (2.3)]. Gastrointestinal (GI) hemorrhage and perforation, ileus, enterocolitis, neutropenic enterocolitis, including fatal outcome, have been reported in patients treated with JEVTANA [see Adverse Reactions (6.2)]. Risk may be increased with neutropenia, age, steroid use, concomitant use of NSAIDs, anti-platelet therapy or anti-coagulants, and patients with a prior history of pelvic radiotherapy, adenocarcinoma, ulceration and GI bleeding. Abdominal pain and tenderness, fever, persistent constipation, diarrhea, with or without neutropenia, may be early manifestations of serious gastrointestinal toxicity and should be evaluated and treated promptly. JEVTANA treatment delay or discontinuation may be necessary.

5.4 Renal Failure
In the randomized clinical trial, renal failure of any grade occurred in 4% of the patients being treated with JEVTANA, including four cases with fatal outcome. Most cases occurred in association with sepsis, dehydration, or obstructive uropathy [see Adverse Reactions (6.1)]. Some deaths due to renal failure did not have a clear etiology. Appropriate measures should be taken to identify causes of renal failure and treat aggressively.

5.5 Respiratory Disorders
Intestinal pneumonia/pneumonitis, interstitial lung disease and acute respiratory distress syndrome have been reported and may be associated with fatal outcome [see Adverse Reactions (6.2)]. 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.

5.6 Use in Elderly Patients
In the randomized clinical trial, 3 of 131 (2%) patients ≤65 years of age and 15 of 240 (6%) ≥65 years of age died of causes other than disease progression within 30 days of the last cabazitaxel dose. Patients ≥65 years of age are more likely to experience certain adverse reactions, including neutropenia and febrile neutropenia [see Adverse Reactions (6) and Use in Specific Populations (8.5)].

5.7 Use in Patients with Hepatic Impairment
Cabazitaxel is extensively metabolized in the liver. JEVTANA is contraindicated in patients with severe hepatic impairment (total bilirubin 5.7 Use in Patients with Hepatic Impairment

Deaths due to causes other than disease progression within 30 days of last study drug dose were reported in 18 (5%) JEVTANA-treated patients and 3 (<1%) mitoxantrone-treated patients. The most common fatal adverse reactions in JEVTANA-treated patients were infections (n=5) and renal failure (n=4). The majority (4 of 5 patients) of fatal infection-related adverse reactions occurred after a single dose of JEVTANA. Other fatal adverse reactions in JEVTANA-treated patients included ventricular fibrillation, cerebral hemorrhage, and dyspnea. The most common (≥10%) grade 1–4 adverse reactions were anaemia, leukopenia, neutropenia, thrombocytopenia, diarrhoea, fatigue, nausea, vomiting, constipation, asthma, abdominal pain, hema- tuma, back pain, anaemia, peripheral neuropathy, pyrexia, dyspnea, dysgeusia, cough, arthralgia, and alopecia.

The most common (≥5%) grade 3–4 adverse reactions in patients who received JEVTANA were neutropenia, leukopenia, anaemia, febrile neutropenia, diarrhoea, fatigue, and asthenia. Treatment discontinuations due to adverse drug reactions occurred in 16% of patients who received JEVTANA and 8% of patients who received mitoxantrone. The most common adverse reactions leading to treatment discontinuation in the JEVTANA group were neutropenia and renal failure. Dose reductions were reported in 12% of JEVTANA-treated patients and 4% of mitoxantrone-treated patients. Dose delays were reported in 28% of JEVTANA-treated patients and 15% of mitoxantrone-treated patients.

<table>
<thead>
<tr>
<th>Any Adverse Reaction</th>
<th>JEVTANA 25 mg/m² every 3 weeks with prednisone 10 mg daily n=371</th>
<th>Mitoxantrone 12 mg/m² every 3 weeks with prednisone 10 mg daily n=371</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia*</td>
<td>347 (94%) 303 (82%) 325 (87%) 215 (58%)</td>
<td></td>
</tr>
<tr>
<td>Febrile Neutropenia</td>
<td>27 (7%) 27 (7%) 5 (1%) 5 (1%)</td>
<td></td>
</tr>
<tr>
<td>Anaemia†</td>
<td>361 (98%) 39 (11%) 302 (82%) 18 (5%)</td>
<td></td>
</tr>
<tr>
<td>Leukopenia‡</td>
<td>355 (96%) 253 (69%) 343 (93%) 157 (42%)</td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia†</td>
<td>176 (48%) 15 (4%) 160 (43%) 6 (2%)</td>
<td></td>
</tr>
<tr>
<td>Cardiac Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrhythmia‡</td>
<td>18 (5%) 4 (1%) 6 (2%) 1 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>173 (47%) 23 (6%) 39 (11%) 1 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>127 (34%) 7 (2%) 85 (23%) 1 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>83 (22%) 6 (2%) 38 (10%) 0</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>78 (20%) 4 (1%) 57 (15%) 2 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Abdominal Pain‡</td>
<td>64 (17%) 7 (2%) 23 (6%) 0</td>
<td></td>
</tr>
<tr>
<td>Dyspepsia‡</td>
<td>36 (10%) 0 9 (2%)</td>
<td></td>
</tr>
<tr>
<td>General Disorders and Administration Site Conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>136 (37%) 18 (5%) 102 (27%) 11 (3%)</td>
<td></td>
</tr>
<tr>
<td>Asthenia</td>
<td>78 (20%) 17 (4%) 46 (12%) 9 (2%)</td>
<td></td>
</tr>
<tr>
<td>Pyrexia</td>
<td>45 (12%) 4 (1%) 23 (6%) 1 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Peripheral Edema</td>
<td>34 (9%) 2 (&lt;1%) 34 (9%) 2 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Mucosal Inflammation</td>
<td>22 (6%) 1 (&lt;1%) 10 (3%) 1 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>20 (5%) 4 (1%) 18 (5%) 7 (2%)</td>
<td></td>
</tr>
<tr>
<td>Infections and Infestations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Tract Infection*</td>
<td>29 (8%) 6 (2%) 12 (3%) 4 (1%)</td>
<td></td>
</tr>
<tr>
<td>Investigations</td>
<td>32 (9%) 0 28 (8%) 1 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Metabolism and Nutrition Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td>59 (16%) 3 (&lt;1%) 39 (11%) 3 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Dehydration</td>
<td>18 (5%) 8 (2%) 10 (3%) 3 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal and Connective Tissue Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Pain</td>
<td>60 (16%) 14 (4%) 45 (12%) 11 (3%)</td>
<td></td>
</tr>
<tr>
<td>Arthralgia</td>
<td>39 (11%) 4 (1%) 31 (8%) 4 (1%)</td>
<td></td>
</tr>
<tr>
<td>Muscle Spasms</td>
<td>27 (7%) 0 10 (3%) 0</td>
<td></td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral Neuropathy‡</td>
<td>50 (13%) 3 (&lt;1%) 12 (3%) 3 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Dyseusgia</td>
<td>41 (11%) 0 15 (4%) 0</td>
<td></td>
</tr>
<tr>
<td>Oliguria</td>
<td>30 (8%) 0 21 (6%) 2 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>28 (8%) 0 19 (5%) 0</td>
<td></td>
</tr>
<tr>
<td>Renal and Urinary Tract Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematuria</td>
<td>62 (17%) 7 (2%) 13 (4%) 1 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Dysuria</td>
<td>25 (7%) 0 5 (1%) 0</td>
<td></td>
</tr>
<tr>
<td>Respiratory, Thoracic and Mediastinal Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>43 (12%) 4 (1%) 16 (4%) 2 (&lt;1%)</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>40 (11%) 0 22 (6%) 0</td>
<td></td>
</tr>
<tr>
<td>Skin and Subcutaneous Tissue Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alopecia</td>
<td>37 (10%) 0 18 (5%)</td>
<td></td>
</tr>
<tr>
<td>Vascular Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypotension</td>
<td>20 (5%) 2 (&lt;1%) 9 (2%) 1 (&lt;1%)</td>
<td></td>
</tr>
</tbody>
</table>

*Graded using NCI CTCAE version 3
†Based on laboratory values, cabazitaxel: n=369, mitoxantrone: n= 370.
‡Includes atrial fibrillation, atrial flutter, atrial tachycardia, atrioventricular block complete, Bradycardia, palpitations, supraventricular tachycardia, tachyarrhythmia, and tachycardia.
§Includes abdominal discomfort, abdominal pain lower, abdominal pain upper, abdominal tenderness, and GI pain.
¶Includes gastroesophageal reflux disease and reflux gastritis.
# Includes urinary tract infection enterococcal and urinary tract infection fungal.
**Includes peripheral motor neuropathy and peripheral sensory neuropathy.

Neutropenia and Associated Clinical Events:
Five patients experienced fatal infectious adverse events (sepsis or septic shock). All had grade 4 neutropenia and one had febrile neutropenia. One additional patient’s death was attributed to neutropenia without a documented infection. Twenty-two (6%) patients discontinued JEVTANA treatment due to neutropenia, febrile neutropenia, infection, or sepsis. The most common adverse reaction leading to treatment discontinuation in the JEVTANA group was neutropenia (2%).

Hematuia:
Adverse events of hematua, including those requiring medical intervention, were more common in JEVTANA-treated patients. The incidence of grade ≥2 hematua was 8% in JEVTANA-treated patients and 2% in mitoxantrone-treated patients. Other factors associated with hematua were well-balanced.

<table>
<thead>
<tr>
<th>Grade 1–4 n (%)</th>
<th>Grade 3–4 n (%)</th>
<th>Grade 1–4 n (%)</th>
<th>Grade 3–4 n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 cycles</td>
<td>4 cycles</td>
<td>6 cycles</td>
<td>4 cycles</td>
</tr>
</tbody>
</table>

Table 2: Incidence of Reported Adverse Reactions and Hematologic Abnormalities in ≥5% of Patients Receiving JEVTANA in Combination with Prednisone or Mitoxantrone in Combination with Prednisone
between arms and do not account for the increased rate of hematemia on the JEVTANA arm. Hepatic Laboratory Abnormalities: The incidences of grade 3-4 increased AST, increased ALT, and increased bilirubin were each <1%. Elderly Population: The following grade 1-4 adverse reactions were reported at rates ≥5% higher in patients 65 years of age or greater compared to younger patients: fatigue (40% vs. 30%), neutropenia (97% vs. 89%), anemia (24% vs. 15%), pyrexia (15% vs. 8%), dizziness (10% vs. 5%), urinary tract infection (10% vs. 3%) and dehydration (7% vs. 2%), respectively. The incidence of the following grade 3-4 adverse reactions were higher in patients ≥65 years of age compared to younger patients: neutropenia (87% vs. 74%), and febrile neutropenia (8% vs. 6%) [see Use in Specific Populations (8.5)].

2.9 Postmarketing Surveillance The following adverse reactions have been identified from clinical trials and/or postmarketing surveillance. Because these reactions are reported from a population of unknown size, it is not always possible to estimate their frequency accurately. Gastrointestinal: Gastritis, intestinal obstruction. Respiratory: Interstitial pneumonia/pneumonitis, interstitial lung disease and acute respiratory distress syndrome.

6.2 Postmarketing Experience

8.1 Pregnancy

8.2 Lactation

8.3 Nursing Mothers

8.4 Pediatric Use

8.6 Renal Impairment

8.7 Hepatic Impairment

8.8 Pregancy

8.9 Lactation

8.10 Pediatric Use

8.11 Nursing Mothers

8.12 Mechanism of Action

8.13 Pharmacodynamics

8.14 Pharmacokinetics

8.15 Population Pharmacokinetic Analysis

8.16 Absorption

8.17 Distribution

8.18 Metabolism

8.19 Elimination
Based on the population pharmacokinetic analysis, cabazitaxel has a plasma clearance of 48.5 L/h (CV 30%); 26.4 L/h (CV 26%) for a patient with a median BSA of 1.84 m²) in patients with metastatic prostate cancer. Following a one-hour intravenous infusion, plasma concentrations of cabazitaxel can be described by a three-compartment pharmacokinetic model with α1, β1, and γ half-lives of 4 minutes, 2 hours, and 95 hours, respectively.

Renal Impairment

Cabazitaxel is minimally excreted via the kidney. A population pharmacokinetic analysis carried out in 170 patients including 14 patients with moderate renal impairment (30 mL/min ≤ CLcr < 50 mL/min) and 59 patients with mild renal impairment (50 mL/min ≤ CLcr < 80 mL/min) showed that mild to moderate renal impairment had no meaningful effects on the pharmacokinetics of cabazitaxel. This was confirmed by a dedicated comparative pharmacokinetic study in patients with solid tumors with normal renal function (n=8, CLcr ≥ 80 mL/min/1.73 m²), or moderate (n=8, 30 mL/min ≤ CLcr < 50 mL/min/1.73 m²) and severe (n=9, CLcr < 30 mL/min/1.73 m²) renal impairment, who received several cycles of cabazitaxel in single IV infusion up to 25 mg/m². Limited pharmacokinetic data were available in patients with end-stage renal disease (n=2, CLcr ≤ 15 mL/min/1.73 m²).

Hepatic Impairment

Cabazitaxel is extensively metabolized in the liver. A dedicated study in 43 cancer patients with hepatic impairment showed no influence of mild (total bilirubin >1 to ≤1.5 × ULN or AST >1.5 × ULN) or moderate (total bilirubin >1.5 to ≤3.0 × ULN) hepatic impairment on cabazitaxel pharmacokinetics. The maximum tolerated dose (MTD) of cabazitaxel was 20 and 15 mg/m², respectively. In 3 patients with severe hepatic impairment (total bilirubin >3 × ULN), a 39% decrease in clearance was observed when compared to patients with mild hepatic impairment (ratio=0.61, 90% CI: 0.36–1.05), indicating some effect of severe hepatic impairment on cabazitaxel pharmacokinetics. The MTD of cabazitaxel in patients with severe hepatic impairment was not established. Based on safety and tolerability data, cabazitaxel dose should be reduced in patients with mild and moderate hepatic impairment (see Warnings and Precautions (6.7) and Use in Specific Populations (8.7)). Cabazitaxel is contraindicated in patients with severe hepatic impairment (see Contraindications (4) and Use in Specific Populations (8.7)).

Drug Interactions

A drug interaction study of JEVTANA in 21 patients with advanced cancers has shown that repeated administration of aprepitant (125 or 80 mg once daily), a moderate CYP3A inhibitor, did not modify the exposure to cabazitaxel (15 mg/m² intravenous). A drug interaction study of JEVTANA in 21 patients with advanced cancers has shown that repeated administration of ritampin (600 mg once daily), a strong CYP3A inducer, decreased the exposure to cabazitaxel (15 mg/m² intravenous) by 17%.

A drug interaction study of JEVTANA in 11 patients with advanced cancers has shown that cabazitaxel (25 mg/m² administered as a single 1-hour infusion) did not modify the exposure to mitoxantrone, a probe substrate of CYP3A. Prednisone or prednisolone administered at 10 mg daily did not affect the pharmacokinetics of cabazitaxel.

Based on in vitro studies, the potential for cabazitaxel to inhibit drugs that are substrates of other CYP isoenzymes (1A2, 2B6, 2C9, 2C8, 2C19, 3A1, and 3A4) is low. In vitro, cabazitaxel did not induce CYP3A4 (1A2, 2C9, and 3A4) in vitro. In vitro, cabazitaxel did not inhibit the multidrug-resistance protein 1 (MRP1), 2 (MRP2) or organic cation transporter (OCT1). In vitro, cabazitaxel inhibited P-gp, BCRP, and organic anion transporting polypeptides (OATP1B1, OATP1B3). However, the in vivo risk of cabazitaxel inhibiting MRP3, OCT1, P-gp, BCRP, OATP1B1 or OATP1B3 is low at the dose of 25 mg/m² in vivo.

In vitro, cabazitaxel is a substrate of P-gp, but not a substrate of MRP1, MRP2, BCRP, OCT1, OATP1B1 or OATP1B3.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies have not been performed to evaluate the carcinogenic potential of cabazitaxel.

Cabazitaxel was positive for clastogenesis in the in vivo micronucleus test, inducing an increase of micronuclei in rats at doses ≥0.5 mg/kg. Cabazitaxel increased numerical aberrations with or without metabolic activation in an in vitro test in human lymphocytes though no induction of structural aberrations was observed. Cabazitaxel did not induce mutations in the bacterial reverse mutagenicity Ames test. The positive in vivo genotoxicity findings are consistent with the pharmacological activity of the compound (inhibition of tubulin depolymerization).

Cabazitaxel may impair fertility in humans. In a fertility study performed in female rats at cabazitaxel (10 mg/kg for a maximum of 10 cycles with prednisone 10 mg orally daily (n=378), or to receive mitoxantrone 12 mg/m² intravenously for every 3 weeks for 10 cycles with prednisone 10 mg orally daily (n=377) for a maximum of 10 cycles).

This study included patients over 18 years of age with hormone-refractory metastatic prostate cancer either measurable by RECIST criteria or non-measurable disease with rising PSA levels or appearance of new lesions, and ECOG (Eastern Cooperative Oncology Group) performance status 0–2. Patients had to have no more than 1.500 cells/mm³, platelets >100,000 cells/mm³, hemoglobin >10 g/dL, creatinine <1.5 × upper limit of normal (ULN), total bilirubin <1 × ULN, AST <1.5 × ULN, and ALT <1.5 × ULN. Patients with a history of congestive heart failure, or myocardial infarction within the last 6 months, or patients with uncontrolled cardiac arrhythmias, angina pectoris, and/or hypertension were not included in the study.

Demographics, including age, race, and ECOG performance status (0–2) were balanced between the treatment arms. The median age was 68 years (range 46–92) and the racial distribution for all groups was 83.9% Caucasian, 8.8% Asian, 5.3% Black, and 4% Others in the JEVTANA group.

Efficacy results for the JEVTANA arm versus the control arm are summarized in Table 3 and Figure 1.

| Overall Survival | Hazard Ratio (95% CI) p-value |
|------------------|-----------------------------|------------------|
| JEVTA + Prednisone| 0.70 (0.59–0.83) <0.0001 |
| Mitoxantrone + Prednisone| 0.279 (0.174–0.446) 0.0025 |

*Hazard ratio estimated using Cox model; a hazard ratio of less than 1 favors JEVTANA

Table 3: Efficacy of JEVTANA in the Treatment of Patients with Hormone Refractory Metastatic Prostate Cancer (Intent-to-Treat Analysis)
**Importance of Prednisone**

- Explain that it is important to take the oral prednisone as prescribed. Instruct patients to report if they were not compliant with oral corticosteroid regimen (see Dosage and Administration (2.1)).
- Infections, Dehydration, Renal Failure
- Explain to patients that severe and fatal infections, dehydration, and renal failure have been associated with cabazitaxel exposure. Patients should immediately report fever, significant vomiting or diarrhea, decreased urinary output, and hematuria to their healthcare provider (see Warnings and Precautions (5.1, 5.3, 5.4)).

**Respiratory Disorders**

- Explain to patients that severe and fatal interstitial pneumonia/pneumonitis, interstitial lung disease and acute respiratory distress syndrome have occurred with JEVTANA. Instruct patients to immediately report new or worsening pulmonary symptoms to their healthcare provider (see Warnings and Precautions (5.5)).

**Drug Interactions**

- Inform patients about the risk of drug interactions and the importance of providing a list of prescription and non-prescription drugs to their healthcare provider (see Drug Interactions (7.1)).

**Use in Elderly Patients**

- Inform elderly patients that certain side effects may be more frequent or severe (see Warnings and Precautions (5.6) and Use in Specific Populations (8.5)).

**Patient Information**

**JEVTANA® (JEV-TA-NA)**

*(cabazitaxel)*

**Injection**

Read this Patient Information before you start receiving JEVTANA and each time before you receive your infusion. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

**What is the most important information I should know about JEVTANA?**

JEVTANA may cause serious side effects including:

**Low white blood cells.** Low white blood cells can cause you to get serious infections, and may lead to death. People who are 65 years or older may be more likely to have these problems. Your healthcare provider:

- will do blood tests regularly to check your white blood cell counts during your treatment with JEVTANA.
- may lower your dose of JEVTANA, change how often you receive it, or stop JEVTANA until your healthcare provider decides that you have enough white blood cells.
- may prescribe a medicine for you called G-CSF, to help prevent complications if your white blood cell count is too low.

**Tell your healthcare provider right away if you have any of these symptoms of infection during treatment with JEVTANA:**

- fever. Take your temperature often during treatment with JEVTANA.
- cough
- burning on urination
- muscle aches

Also, tell your healthcare provider if you have any diarrhea during the time that your white blood cell count is low. Your healthcare provider may prescribe treatment for you as needed.

**Severe allergic reactions.** Severe allergic reactions can happen within a few minutes after your infusion of JEVTANA starts, especially during the first and second infusions. Your healthcare provider should prescribe medicines before each infusion to help prevent severe allergic reactions.

**Tell your healthcare provider or nurse right away if you have any of these symptoms of a severe allergic reaction during or soon after an infusion of JEVTANA:**

- rash or itching
- skin redness
- feeling dizzy or faint
- breathing problems
- chest or throat tightness
- swelling of face

**Severe stomach and intestine (gastrointestinal) problems.** JEVTANA can cause severe stomach and intestine problems, which may lead to death. You may need to go to the hospital for treatment.

- Vomiting and diarrhea can happen when you receive JEVTANA. Severe vomiting and diarrhea with JEVTANA can lead to loss of too much body fluid (dehydration), or too much of your body salts (electrolytes). Death has happened from having severe diarrhea and losing too much body fluid or body salts with JEVTANA. Your healthcare provider will prescribe medicines to prevent or treat vomiting and diarrhea, as needed with JEVTANA.

**Tell your healthcare provider if:**

- you have vomiting or diarrhea
- your symptoms get worse or do not get better

**JEVTANA can cause a leak in the stomach or intestine, intestinal blockage, infection, and bleeding in the stomach or intestine. This can lead to death.**

**Tell your healthcare provider if you get any of these symptoms:**

- severe stomach-area (abdomen) pain
- constipation
- fever
- blood in your stool, or changes in the color of your stool

**Kidney failure.** Kidney failure may happen with JEVTANA, because of severe infection, loss of too much body fluid (dehydration), and other reasons, which may lead to death. Your healthcare provider will check you for this problem and treat you if needed.

**Tell your healthcare provider if you develop these signs or symptoms:**

- swelling of your face or body
- decrease in the amount of urine that your body makes each day

**Lung or breathing problems.** Lung or breathing problems may happen with JEVTANA and may lead to death. People who have lung disease before receiving JEVTANA may have a higher risk for developing lung or breathing problems with JEVTANA treatment. Your healthcare provider will check you for this problem and treat you if needed.

**Tell your healthcare provider right away if you develop any new or worsening symptoms, including: trouble breathing, shortness of breath, chest pain, cough or fever.**

**What is JEVTANA?**

JEVTANA is a prescription anti-cancer medicine used with the steroid medicine prednisone. JEVTANA is used to treat people with prostate cancer that has worsened (progressed) after treatment with other anti-cancer medicines, including docetaxel. It is not known if JEVTANA is safe and effective in children.

JEVTANA is not for use in females.

**Who should not receive JEVTANA Injection?**

Do not receive JEVTANA if:

- your white blood cell (neutrophil count) is too low
- you have had a severe allergic reaction to cabazitaxel or other medicines that contain polysorbate 80. Ask your healthcare provider if you are not sure.
- you have severe liver problems

**What should I tell my healthcare provider before receiving JEVTANA?**

Before receiving JEVTANA, tell your healthcare provider if you:

- had allergic reactions in the past
- have kidney or liver problems
- have lung problems
- are over the age of 65
- have any other medical conditions

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• are a female and:
• are pregnant or plan to become pregnant. JEVTANA can harm your unborn baby. Talk to your healthcare provider about the best way for you to prevent pregnancy while you are receiving JEVTANA.
• are breastfeeding or plan to breastfeed. It is not known if JEVTANA passes into your breast milk. You and your healthcare provider should decide if you will take JEVTANA or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. JEVTANA can interact with many other medicines. Do not take any new medicines without asking your healthcare provider first. Your healthcare provider will tell you if it is safe to take the new medicine with JEVTANA.

How will I receive JEVTANA?
• JEVTANA will be given to you by an intravenous (IV) infusion into your vein.
• Your treatment will take about 1 hour.
• JEVTANA is usually given every 3 weeks. Your healthcare provider will decide how often you will receive JEVTANA.
• Your healthcare provider will also prescribe another medicine called prednisone, for you to take by mouth every day during treatment with JEVTANA. Your healthcare provider will tell you how and when to take your prednisone.

It is important that you take prednisone exactly as prescribed by your healthcare provider. If you forget to take your prednisone, or do not take it on schedule, make sure to tell your healthcare provider or nurse. Before each infusion of JEVTANA, you may receive other medicines to prevent or treat side effects.

What are the possible side effects of JEVTANA?
JEVTANA may cause serious side effects including:
• See “What is the most important information I should know about JEVTANA?”

Common side effects of JEVTANA include:
• Low red blood cell count (anemia). Low red blood cell count is common with JEVTANA, but can sometimes also be serious. Your healthcare provider will regularly check your red blood cell count. Symptoms of anemia include shortness of breath and tiredness.
• Low blood platelet count. Low platelet count is common with JEVTANA, but can sometimes also be serious. Tell your healthcare provider if you have any unusual bruising or bleeding.
• Fever. See “What is the most important information I should know about JEVTANA?”
• tiredness
• nausea
• constipation
• weakness
• blood in your urine. Tell your healthcare provider or nurse if you see blood in your urine.
• back pain
• numbness, tingling, burning or decreased sensation in your hands or feet

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of JEVTANA. For more information, ask your healthcare provider or pharmacist. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.