

| PA Criteria                                   | Criteria Details   |  |             |                            |       |                     |  |
|---|--|--|-------------|----------------------------|-------|---------------------|--|
| <b>Covered Uses (FDA approved indication)</b> | Docivyx is a microtubule inhibitor indicated for treatment of breast cancer, non- small cell lung cancer (NSCLC), castration-resistant prostate cancer (CRPC), gastric adenocarcinoma (GC), and squamous cell carcinoma of the head and neck (SCCHN).  |  |             |                            |       |                     |  |
| <b>Exclusion Criteria</b>                     | None.  |  |             |                            |       |                     |  |
| <b>Required Medical Information</b>           | Medical records supporting the request must be provided.   |  |             |                            |       |                     |  |
| <b>Other Criteria</b>                         | Must follow Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) L37205: Chemotherapy Drugs and their Adjuncts.<br><a href="#">LCD - Chemotherapy Drugs and their Adjuncts (L37205)</a>   |  |             |                            |       |                     |  |
| <b>Age Restriction</b>                        | None.  |  |             |                            |       |                     |  |
| <b>Prescriber Restrictions</b>                | None.  |  |             |                            |       |                     |  |
| <b>Coverage Duration</b>                      | One year. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.   |  |             |                            |       |                     |  |
| <b>Other Criteria/Information</b>             | Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1026 1513 1203"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J9172</td> <td>Docivyx (docetaxel)</td> <td><b>Billing unit: 1 mg</b><br/><br/>20 mg/2 mL, 80 mg/8 mL and 160 mg/16 mL SDV</td> </tr> </tbody> </table> | HCPCS  | Description | Billing Units/How Supplied | J9172 | Docivyx (docetaxel) | <b>Billing unit: 1 mg</b><br><br>20 mg/2 mL, 80 mg/8 mL and 160 mg/16 mL SDV |
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| J9172   | Docivyx (docetaxel)  | <b>Billing unit: 1 mg</b><br><br>20 mg/2 mL, 80 mg/8 mL and 160 mg/16 mL SDV |             |                            |       |                     |  |

| STATUS   | DATE REVISED | REVIEW DATE | APPROVED/REVIEWED BY  | EFFECTIVE DATE |
|----------|--------------|-------------|---|----------------|
| Created  | 3/26/2025    | 3/26/2025   | Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG) | N/A            |
| Approved | N/A          | 5/15/2025   | Pharmacy & Therapeutics (P&T) Committee                       | 5/15/2025      |
|          |              |             |   |                |
|          |              |             |   |                |