CABAZITAXEL

BRAND NAME	JEVTANA, CABAZITAXEL EVER PHARMA, JUNO, MSN
DRUG CLASS	Cytotoxic antineoplastic, taxane
AVAILABILITY	Jevtana, Juno and MSN vial contains 60 mg/1.5 mL of cabazitaxel. Also contains polysorbate-80 and Jevtana and Juno also contain citric acid. The solution is clear, viscous and yellow to brownish-yellow.[1] Diluent vial contains 5.67 mL (MSN vial contains 5.73 mL) of ethanol 13% (including overfill).[1] The solution is clear and colourless.[1] Ever Pharma vial contains 60 mg/6 mL of cabazitaxel. Also contains polysorbate-80, ethanol, macrogol 300 and citric acid. The solution is clear, oily and slightly yellow. [1]
WARNING	Cytotoxic. Strict handling precautions are required. Anaphylactic reactions may occur. Resuscitation facilities must be readily available.[1]
pH	No information
PREPARATION	**In a cytotoxic drug safety cabinet**: **Jevtana**, **Juno** and **MSN only**: dilute the 60 mg/1.5 mL concentrate vial with the entire contents of the diluent vial. Inject slowly down the side of the vial to limit foaming. Invert gently for approximately 45 seconds to mix and then stand for 5 minutes until the solution is clear. Some foam may remain.[1] The concentration is 10 mg/mL, with an extractable volume of at least 6 mL.[1] **Jevtana, Juno, MSN** and **Ever Pharma**: from the 10 mg/mL solution, dilute the dose with 250 mL of glucose 5% or sodium chloride 0.9% to a final concentration of 100–260 microgram/mL. Use a rocking motion to mix well.[1] Use non-PVC bags or bottles.[1]
STABILITY	Vial: store below 30 °C (MSN below 25 °C). Do not refrigerate.[1] Reconstituted solution: stable for 1 hour below 30 °C.[1] Infusion solution: stable for 8 hours below 30 °C or 24 hours at 2 to 8 °C.[1] The infusion is a supersaturated solution and may crystallise. Do not use if the infusion solution contains crystals.[1] Longer stability information is available.[2]
ADMINISTRATION	
IM injection	Not recommended
SUBCUT injection	Not recommended
IV injection	Not recommended
IV infusion	Infuse using a 0.22 or 0.2 micrometre inline filter over 1 hour.[1] Do not use polyurethane infusion sets.[1]
COMPATIBILITY	Glucose 5%[1], sodium chloride 0.9%[1]
INCOMPATIBILITY	No information
SPECIAL NOTES	Cabazitaxel is an irritant; extravasation causes moderate complications e.g. stinging, aching, phlebitis.[3] Monitor the infusion site. Stop the infusion if there are signs of extravasation and take immediate action. Give an antihistamine, corticosteroid and H_2 antagonist at least 30 minutes before each infusion.[1] Prophylactic antiemetics (oral or injectable) are also recommended.[1,4] Hypersensitivity reactions are common within the first 10–15 minutes for the first and second infusions and include flushing, rash, dyspnoea, hypotension, chest pains and tachycardia.[1,5] Severe hypersensitivity and anaphylactic reactions are less common but are a medical emergency. Stop the infusion and commence treatment immediately.

REFERENCES

1. Product information. Available from www.tga.gov.au. Accessed 05/05/2022.
2. Lazzarini R, Salvadori S, Trapella C, Guerrini R, Marzola E, Pasini G, Dalpiaz A. Physicochemical stability of cabazitaxel and docetaxel solutions. Eur J Hosp Pharm 2015; 22: 150-5.
3. Clinical resource: Extravasation Management [v4 2019]. eviQ [internet]. Sydney: Cancer Institute NSW. Available from www.eviq.org.au. Accessed 29/03/2022.
4. Clinical resource: Prevention of antineoplastic induced nausea and vomiting [v5 May 2021]. eviQ [internet]. Sydney: Cancer Institute NSW. Available from www.eviq.org.au. Accessed 29/03/2022.
5. Clinical resource: Premedication for prophylaxis of taxane hypersensitivity reactions [v2 August 2020]. eviQ [internet]. Sydney: Cancer Institute NSW. Available from www.eviq.org.au. Accessed 29/03/2022.