

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

## Inlyta (axitinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Inlyta (axitinib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Inlyta (axitinib) may be approved if the following criteria are met:

Individual has a diagnosis of one of the following:

- I. Kidney Cancer, advanced renal cell carcinoma (RCC); **AND**
- II. Individual has histological confirmation of RCC with clear cell component (NCCN 2A); **AND**
- III. Individual is using as first-line therapy; **AND**
- IV. Individual is using in combination with avelumab or pembrolizumab;

**OR**

- V. Kidney Cancer, advanced or metastatic renal cell carcinoma (Label, NCCN 2A); **AND**
- VI. Individual is using after failure of one prior systemic therapy;

**OR**

- VII. Thyroid Carcinoma, including papillary, follicular and Hürthle Cell (NCCN 2A); **AND**
- VIII. Other systemic therapies are not available or appropriate for treatment of progressive and/or symptomatic iodine-refractory disease.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 15, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 15, 2020.
  - a. Kidney Cancer. V2.2020. Revised August 5, 2019.
  - b. Thyroid Carcinoma. V1.2020. Revised June 12, 2020.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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<b>Applicable</b>	X	X	X	X	X	X

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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