UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Inlyta

Program	Prior Authorization
Medication	Inlyta® (axitinib)
Issue Date	9/2014
Pharmacy and Therapeutics Approval Date	7/2017
Effective Date	9/2017

1. Background:

Inlyta® (axitinib) is a kinase inhibitor indicated for the treatment of advanced renal cell carcinoma (RCC) after failure of one prior systemic therapy.[1] The NCCN (National Comprehensive Cancer Network) recommends use of Inlyta for treatment of follicular, Hürthle cell and papillary carcinomas.[2]

2. Coverage Criteria:

A. Advanced Renal Cell Carcinoma

1. Initial Authorization

a. **Inlyta** will be approved based on **all** of the following criteria:

(1) Diagnosis of renal cell cancer

-AND-

(2) **One** of the following:

(a) Disease has relapsed

-OR-

(b) **Both** of the following:

i. Medically or surgically unresectable tumor
ii. Diagnosis of Stage IV disease

Authorization will be issued for 12 months.

2. Reauthorization

a. **Inlyta** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Inlyta therapy

Authorization will be issued for 12 months.

B. Thyroid Carcinoma

1. Initial Authorization

a. **Inlyta** will be approved based on **all** of the following criteria:

(1) **One** of the following diagnosis:

(a) Follicular Carcinoma
(b) Hürthle Cell Carcinoma
(c) Papillary Carcinoma

-AND-

(2) **One** of the following:

(a) Unresectable recurrent
(b) Persistent locoregional disease
(c) Metastatic disease

-AND-

(3) Disease is refractory to radioactive iodine treatment

Authorization will be issued for 12 months.

2. Reauthorization

a. **Inlyta** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Inlyta therapy

Authorization will be issued for 12 months.

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3. References:

1. Inlyta [package insert]. New York, NY: Pfizer, Inc.; August 2014.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed June 6, 2017.

Program	Prior Authorization –Inlyta (axitinib)
Change Control	
Date	Change
9/2014	New guideline
7/2016	Updated clinical criteria to align with Employer and Individual notification policy and updated policy to new template
7/2017	Annual review with no change to criteria. Updated references.