

axitinib (INLYTA)

Diagnosis Considered for Coverage:

- Advanced Renal Cell Carcinoma (RCC)
- Thyroid gland carcinoma
- Soft tissue sarcoma

Coverage Criteria:

For diagnosis of advanced renal cell carcinoma:

- Dose does not exceed 10 mg twice per day, **and**
- One of the following:
 - Being used in combination with pembrolizumab (Keytruda), **or**
 - Being used in combination with avelumab (Bavencio) for first-line therapy, **or**
 - Being used as a single agent for subsequent therapy.

For diagnosis of thyroid gland carcinoma:

- Dose does not exceed 10 mg twice per day, **and**
- Being used for advanced differentiated (follicular, papillary, and Hurthle type) disease, **and**
- Inadequate response, or intolerable side effect, or contraindication to Lenvima (lenvatinib) or Nexavar (sorafenib)

For diagnosis of soft tissue sarcoma:

- Being used for alveolar soft part sarcoma (ASPS), **and**
- Being used in combination with pembrolizumab (Keytruda), **and**
- Dose does not exceed 10 mg twice per day.

Coverage Duration: one year

References:

1. Prescribing Information. Inlyta. Pfizer, New York, NY. 2020

Effective Date: 09/27/2023