AXITINIB

Generic	Brand	HICL	GCN	Exception/Other
AXITINIB	INLYTA	38446		

GUIDELINES FOR USE

1. Does the patient have a diagnosis of advanced renal cell carcinoma (RCC) and meet **ONE** of the following criteria?
   - The patient has tried at least **ONE** systemic therapy for the treatment of RCC [e.g., Nexavar (sorafenib), Torisel (temsirolimus), Sutent (sunitinib), Votrient (pazopanib), or Avastin (bevacizumab) in combination with interferon]
   - Inlyta will be used in combination with avelumab (Bavencio) as a first-line treatment

   If yes, **approve for 12 months by GPID for all strengths with the following quantity limits:**
   - **Inlyta 1mg (GPID 31294): #6 tablets per day.**
   - **Inlyta 5mg (GPID 31295): #4 tablets per day.**

   If no, do not approve.
   DENIAL TEXT: The guideline named **AXITINIB (Inlyta)** requires a diagnosis of advanced renal cell carcinoma (RCC). In addition, **ONE** of the following must be met:
   - The patient has tried at least ONE systemic therapy for the treatment of RCC [e.g., Nexavar (sorafenib), Torisel (temsirolimus), Sutent (sunitinib), Votrient (pazopanib), or Avastin (bevacizumab) in combination with interferon]
   - Inlyta will be used in combination with avelumab (Bavencio) as a first-line treatment

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Inlyta.

REFERENCES

- Inlyta [Prescribing Information]. New York, NY: Pfizer; October 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 01/01/20
Created: 02/12
Client Approval: 11/19
P&T Approval: 10/19