

## Inlyta (axitinib) (Oral)

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### I. Length of Authorization

Coverage will be provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC unit]:

- Inlyta 1 mg tablets: 6 tablets per day
- Inlyta 5 mg tablets: 4 tablets per day

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 20 mg daily

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Universal Criteria

- Patient will avoid concomitant use with STRONG CYP3A4/5 inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.); **AND**
- Patient will avoid concomitant use with MODERATE CYP3A4/5 inducers (e.g., bosentan, efavirenz, etravirine, modafinil, nafcillin, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications; **AND**
- Patient will avoid concomitant use with strong CYP3A4/5 inhibitors (e.g., itraconazole, ketoconazole, clarithromycin, grapefruit, grapefruit juice, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications; **AND**

#### Renal Cell Carcinoma † <sup>1-3,5-7</sup>

- Patient has advanced disease; **AND**
  - Used as first-line therapy in combination with avelumab OR pembrolizumab †; **OR**

- Used as second-line therapy after failure of one prior systemic therapy †; **AND**
  - Used as single-agent therapy; **OR**
- Patient has relapsed or stage IV disease ‡; **AND**
  - Used for non-clear cell histology; **AND**
    - Used as single-agent therapy; **OR**
  - Used for clear-cell histology; **AND**
    - Used as a single-agent as subsequent therapy; **OR**
    - Used in combination with pembrolizumab; **OR**
    - Used in combination with avelumab as first-line therapy

**Thyroid Carcinoma (Follicular Carcinoma/Hurthle Cell Carcinoma/Papillary Carcinoma)‡<sup>2,4,8-10</sup>**

- Patient has unresectable recurrent, persistent, or distant metastatic disease; **AND**
- Patient has progressive and/or symptomatic disease that is not susceptible to radioactive iodine (RAI) therapy; **AND**
- Other systemic therapies are not available or appropriate

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s)

#### IV. Renewal Criteria<sup>1</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: arterial and venous thromboembolic events, hemorrhage, hypertension/hypertensive crisis, cardiac failure, gastrointestinal perforation and fistula formation, impaired wound healing, hepatic impairment/hepatotoxicity, thyroid dysfunction, reversible posterior leukoencephalopathy syndrome (RPLS), proteinuria, major adverse cardiovascular events (MACE), etc.

#### V. Dosage/Administration<sup>1,8-10</sup>

Indication	Dose
All indications	5mg orally twice daily initially. May increase up to 10mg orally twice daily.

#### VI. Billing Code/Availability Information

HCPCS Code:

- J8999 – Prescription drug, oral, chemotherapeutic, Not Otherwise Specified

NDC:

- Inlyta 1mg tablets – 00069-0145-xx
- Inlyta 5mg tablets – 00069-0151-xx

## VII. References

1. Inlyta [package insert]. New York, NY; Pfizer Inc; June 2020. Accessed June 2020.
2. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) axitinib. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2020.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Kidney Cancer Version 2.2020. National Comprehensive Cancer Network, 2019. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed June 2020.
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma Version 2.2019. National Comprehensive Cancer Network, 2020. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed June 2020.
5. Motzer RJ, Escudier B, Tomczak P, et al. Axitinib versus sorafenib as second-line treatment for advanced renal cell carcinoma: overall survival analysis and updated results from a randomised phase 3 trial. *Lancet Oncol.* 2013;14(6):552-562. doi:10.1016/S1470-2045(13)70093-7.
6. Choueiri TK, Motzer RJ, Rini BI, et al. Updated efficacy results from the JAVELIN Renal 101 trial: first-line avelumab plus axitinib versus sunitinib in patients with advanced renal cell carcinoma. *Ann Oncol.* 2020 Apr 25. pii: S0923-7534(20)39308-X. doi: 10.1016/j.annonc.2020.04.010.
7. Rini BI, Plimack ER, Stus V, et al. Pembrolizumab plus Axitinib versus Sunitinib for Advanced Renal-Cell Carcinoma. *N Engl J Med.* 2019 Mar 21;380(12):1116-1127. doi: 10.1056/NEJMoa1816714. Epub 2019 Feb 16.
8. Cohen EE, Rosen LS, Vokes EE, et al. Axitinib is an active treatment for all histologic subtypes of advanced thyroid cancer: results from a phase II study. *J Clin Oncol.* 2008;26(29):4708-4713. doi:10.1200/JCO.2007.15.9566.

9. Locati LD, Licitra L, Agate L, et al. Treatment of advanced thyroid cancer with axitinib: Phase 2 study with pharmacokinetic/pharmacodynamic and quality-of-life assessments. *Cancer*. 2014;120(17):2694-2703. doi:10.1002/cncr.28766.
10. Cohen EE, Tortorici M, Kim S, et al. A Phase II trial of axitinib in patients with various histologic subtypes of advanced thyroid cancer: long-term outcomes and pharmacokinetic/pharmacodynamic analyses. *Cancer Chemother Pharmacol*. 2014;74(6):1261-1270. doi:10.1007/s00280-014-2604-8.

## Appendix 1 – Covered Diagnosis Codes

ICD-10 Codes	Diagnosis
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C73	Malignant neoplasm of thyroid gland
Z85.528	Personal history of other malignant neoplasm of kidney

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC

### INLYTA® (axitinib) Prior Auth Criteria

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### Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC