Inlyta® (axitinib)
(Oral)

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I. Length of Authorization

Coverage will be provided for 6 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 [1]

Coverage is provided in the following conditions:

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

Universal Criteria [1]

- Patient will avoid concomitant therapy with all of the following:
  - Coadministration with STRONG CYP3A4/5 inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.); **AND**
  - Coadministration 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 will be implemented; **AND**
  - Coadministration 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 will be implemented; **AND**

- Patient must not have had a surgical procedure within the preceding 14 days or have a surgical wound that has not fully healed; **AND**
- Patient does not have evidence of untreated brain metastasis; **AND**
- Patient has not experienced recent active gastrointestinal bleeding; **AND**

Renal Cell Carcinoma † [1-3,5-7]

- 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/Hürthle Cell Carcinoma/Papillary Carcinoma)‡ [2,4,8-10]

- 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**
- Treatment with clinical trials or other systemic therapies are not available or appropriate

Soft Tissue Sarcoma ‡ [2,11]

- Patient has alveolar soft part sarcoma (ASPS); **AND**
- Used in combination with pembrolizumab

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

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 and 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 [1,8-11]

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 2022.
2. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) axitinib. National Comprehensive Cancer Network, 2022. 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 2022.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Kidney Cancer Version 1.2023. National Comprehensive Cancer Network, 2022. 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 2022.
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma Version 2.2022. National Comprehensive Cancer Network, 2022. 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 2022.
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.
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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.
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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
11. Wilky B, Trucco M, Subhawong T, et al. Axitinib plus pembrolizumab in patients with advanced sarcomas including alveolar soft-part sarcoma: a single-centre, single-arm, phase 2 trial. Lancet Oncol. 2019 Jun;20(6):837-848. doi: 10.1016/S1470-2045(19)30153-6. Epub 2019 May 8.

Appendix 1 – Covered Diagnosis Codes

ICD-10 Codes	Diagnosis
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified

C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
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
Z85.831	Personal history of malignant neoplasm of soft tissue

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: https://www.cms.gov/medicare-coverage-database/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
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