Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

INLYTA (axitinib)

GPI CODING:

215340080003**

DESCRIPTION:

Inlyta is a kinase inhibitor that is FDA-approved for the treatment of advanced renal cell carcinoma after failure of one prior systemic therapy. Inlyta is a potent, second-generation tyrosine kinase inhibitor that selectively inhibits vascular endothelial growth factor (VEGF) receptors-1, -2 and -3.

APPROVAL DURATION:

Approval duration: 24 months

CRITERIA FOR INLYTA

I. Patient has a diagnosis of advanced renal cell carcinoma (RCC) **AND**
II. Cancer has progressed following prior systemic therapy for RCC **AND**
III. The prior systemic therapy received for RCC is documented

OR

IV. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.)) A use is identified by a compendium as medically accepted if the:
    A. Indication is a Category 1 or 2A in NCCN,
    B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
    C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
    D. The use is supported by clinical research in 2 or more peer-reviewed medical journals