

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Inlyta (axitinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Inlyta (axitinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Inlyta (axitinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Kidney cancer, Advanced or metastatic renal cell carcinoma (label, NCCN 2A); **OR**
 - B. Thyroid Carcinoma, including papillary, follicular and Hürthle Cell (NCCN 2A).

State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 4/2018.

DrugPoints® System [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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