

PROVINCIAL FUNDING SUMMARY

Axitinib (Inlyta) for Metastatic Renal Cell Carcinoma (pCODR 10013)

pERC Recommendation: Recommends

For further details, please see [pERC Final Recommendation](#)

Notification to Implement Issued by pCODR: March 22, 2013

This information is current as of May 1, 2020.

Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
BC	Funded	Mar 1, 2014	<p>Metastatic renal cell carcinoma with clear cell component after failure of first line tyrosine kinase inhibitor therapy with either sunitinib, sorafenib or pazopanib or with a contraindication/intolerance to everolimus.</p> <p>Patients may receive everolimus or axitinib but not sequential use of both agents except for contraindications/intolerance;</p> <p>A BC Cancer Agency Compassionate Access Program request must be approved.</p>
AB	Funded	Mar 5, 2014	<p>The Initial wording from March 2014 has been updated after pCODR request for advice to the following as of November 28 2017. Axitinib as second line treatment of patients with metastatic clear cell renal carcinoma after failure of prior systemic therapy with either a cytokine or vascular endothelial growth factor receptor tyrosine kinase inhibitor (VEGFR TKI) treatment. Not to be used after progression on single agent Nivolumab. May be considered if intolerant to nivolumab - Third-line option after first-line ipilimumab/nivolumab and second-line VEGFR TKI in intermediate or poor risk advanced renal cell carcinoma. Not to be used after progression on cabozantinib.</p>
SK	Funded	Dec 16, 2013	<p>As a second line treatment option for patients with metastatic renal cell carcinoma (mRCC) where sequencing a TKI in the second line setting after progression on first line TKI therapy (Sunitinib or Pazopanib) is the preferred therapeutic approach, or as a second line treatment switch for patients who do not have disease progression, but are unable to tolerate ongoing use of an effective dose with second line Everolimus therapy. (Note: Patients are only eligible for either Axitinib or Everolimus in the second line setting)</p>

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
MB	Funded	Apr 16, 2014	As a second-line treatment for patients with metastatic clear cell renal carcinoma, who, based on the mutual assessment of the treating physician and patient, are unable to tolerate ongoing use of an effective dose of everolimus or who have a contraindication to everolimus.
ON	Funded	Dec 17, 2013	<p>The Initial wording from December 17, 2013 has been updated after pCODR request for advice, to the following as of November 2, 2017.</p> <p>Initial Requests: For the treatment of metastatic renal cell carcinoma (MRCC) of clear cell histology in patients who meet the following criteria; - Axitinib is being used as second-line therapy after failure of prior systemic therapy with a tyrosine kinase inhibitor (i.e. one of sunitinib, pazopanib, or sorafenib) OR -Axitinib is being used as a second line treatment switch for patients who do not have disease progression, but are unable to tolerate ongoing use of an effective dose of second line therapy with everolimus. (Note: Patients are only eligible for either axitinib or everolimus or nivolumab in the second line setting) Exclusions: - Axitinib will not be funded if used in the third-line setting or later.</p>
NS	Funded	Oct 1, 2014	<p>As a single second line agent for the treatment of patients (ECOG PS 0 or 1) with advanced or metastatic clear cell renal cell carcinoma (RCC) who are unable to tolerate ongoing use of an effective dose of everolimus or who have a contraindication to everolimus.</p> <ul style="list-style-type: none"> • Sequential use of axitinib and everolimus is not permitted except in the case of intolerability or contraindication
NB	Funded	Apr 30, 2014	As a second-line treatment for patients with metastatic clear cell renal carcinoma, who, based on the mutual assessment of the treating physician and patient, are unable to tolerate ongoing use of an effective dose of everolimus or who have a contraindication to everolimus.
NL	Funded	Apr 1, 2014	As a second-line therapy for patients with metastatic renal cell carcinoma of clear cell histology after failure of prior systemic therapy with either a cytokine or vascular endothelial growth factor receptor tyrosine kinase inhibitor (VEGFR TKI) treatment.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
PEI	Funded	Aug 1, 2018	As second line therapy for the treatment of patients with metastatic renal cell carcinoma after failure of prior therapy with either a cytokine or tyrosine kinase inhibitor. Renewal Criteria: Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. Clinical Notes: 1. Patients must have a good performance status. 2. Treatment should be discontinued upon disease progression or unacceptable toxicity. Initial approval period: 6 months. Renewal period: 1 year. The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists.