Fotivda® (tivozanib)
Effective 04/01/2022

Plan	☐ MassHealth ☐ MH UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Fotivda is indicated for treatment of relapsed or refractory advanced renal cell carcinoma in adults following ≥ 2 prior systemic therapies.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Fotivda excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Advanced renal cell carcinoma

Prescriber provides documentation of **ALL** of the following:

1. The member has a diagnosis of relapsed or refractory renal cell carcinoma
2. The prescriber is an oncologist
3. Provider documentation of inadequate response or adverse reaction to **TWO** or contraindication to **ALL** systemic therapies (nivolumab monotherapy or in combination with ipilimumab, cabozantinib; axitinib monotherapy or in combination with pembrolizumab; cabozantinib monotherapy; lenvatinib in combination with pembrolizumab or everolimus; pazopanib; sunitinib)

Continuation of Therapy

Reauthorization will be granted when physician provides attestation of positive response to therapy and member has not shown signs of excessive toxicity.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Fotivda capsules	30 capsules per 30 days

References

1. Fotivda (tivozanib) [prescribing information]. Boston, MA: AVEO Pharmaceuticals Inc; March 2021.

Review History

01/19/2022 – Created and Reviewed for Jan P&T. Effective 04/01/2022.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.