### Fotivda® (tivozanib)
**Effective 01/01/2022**

<table>
<thead>
<tr>
<th>Plan</th>
<th>MassHealth ☒</th>
<th>MH UPPL ☑</th>
<th>Commercial/Exchange ☐</th>
<th>Program Type</th>
<th>Prior Authorization ☑</th>
<th>Quantity Limit ☒</th>
<th>Step Therapy ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>☑ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
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<tr>
<th>Specialty Limitations</th>
<th>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</th>
</tr>
</thead>
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#### Contact Information

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
<td></td>
</tr>
<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
<td></td>
</tr>
<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
</tr>
</tbody>
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#### 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. Appropriate diagnosis
2. Prescriber is an oncologist
3. Appropriate dosing
4. Tumor is clear cell histology
5. 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)
6. Quantity requested is ≤1 capsule/day

**Continuation of Therapy**
Reauthorization will be granted when physician provides attestation of positive response to therapy.

**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

**Appendix**
**Appendix A: Exceeding Quantity Limitations**
Requests exceeding the quantity limit should be evaluated on a case-by-case basis. If there is compelling rationale for exceeding the quantity limit, please forward to clinical review for case-by-case evaluation (e.g., stability, past approvals at a dose exceeding the quantity limit, specific clinical rationale for dose is documented).

In addition to criteria in the procedure table above, requests exceeding the quantity limit must have **ALL** of the following:
1. Dose is appropriate
2. Dose is consolidated
3. Appropriate clinical rationale for exceeding the quantity limit

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

**Review History**
11/17/2021 – Created and Reviewed for Nov P&T; matched with MH UPPL. Effective 01/01/2022

**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.