

Fotivda® (tivozanib)
Effective 04/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
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 the plan 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
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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.

