

Fotivda® (tivozanib)
Effective 01/01/2022

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MH UPPL <input 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 (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. 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
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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

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