STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TIVOZANIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TIVOZANIB HCL	FOTIVDA	45740		GPI-10 (2153307625)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of relapsed or refractory advanced renal cell carcinoma (RCC) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient received two or more prior systemic therapies (e.g., Cabometyx, Keytruda, Opdivo)

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #21 per 28 days.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **TIVOZANIB (Fotivda)** requires the following rule(s) be met for approval:
   A. You have relapsed or refractory advanced renal cell carcinoma (type of kidney cancer that returned or no longer responds to treatment)
   B. You are 18 years of age or older
   C. You previously received two or more systemic therapies (such as Cabometyx, Keytruda, Opdivo)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Fotivda.

REFERENCES

- Fotivda [Prescribing Information]. Boston, MA: AVEO Pharmaceuticals, Inc.; March 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 07/01/21
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P&T Approval: 04/21