Reference number(s)
4619-A

Specialty Guideline Management Fotivda

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Fotivda	tivozanib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Fotivda is indicated for the treatment of adult patients with relapsed or refractory advanced renal cell carcinoma (RCC) following two or more prior systemic therapies.

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Renal Cell Carcinoma (RCC)[1,2]

Authorization of 12 months may be granted for treatment of renal cell carcinoma of clear cell histology when all the following criteria are met:

- The disease is relapsed, refractory, advanced, or stage IV

- Member has received at least two prior systemic therapies
- The requested medication will be used as a single agent

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Fotivda [package insert]. Boston, MA: AVEO Pharmaceuticals, Inc.; February 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed May 6, 2025.