

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Tivozanib (Fotivda)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **Tivozanib (Fotivda)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Patient is greater than or equal to 18 years of age
-AND-
- Patient has a diagnosis of Advanced Renal Cell Carcinoma -AND-
- Patient has failed an adequate trial or contraindications or intolerance to at least TWO prior antiangiogenic therapies: cabozantinib, axitinib, lenvatinib

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **Tivozanib (Fotivda)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Patient is greater than or equal to 18 years of age
-AND-
- Patient has a diagnosis of Advanced Renal Cell Carcinoma

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **Tivozanib (Fotivda)** will be covered on the prescription drug benefit for when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Patient is greater than or equal to 18 years of age
-AND-
- Patient has a diagnosis of Advanced Renal Cell Carcinoma