

## tivozanib capsule (FOTIVDA)

**Diagnosis Considered for Coverage:**

- Advanced Renal Cell Carcinoma (RCC)

**Coverage Criteria:**

**For diagnosis of advanced renal cell carcinoma, approve if:**

- Disease is relapsed or refractory, **and**
- Being used as a single agent, **and**
- Patient has received two prior Renal Cell Carcinoma therapies, **and**
- Dose does not exceed 1.34 mg daily for 21 days followed by 7 days off treatment for a 28-day cycle.

**Coverage Duration:** one year

Effective Date: 8/30/2023