



YOUR TREATMENT JOURNAL

A helpful toolkit to help you keep track of your
FOTIVDA[®] (tivozanib) treatment journey

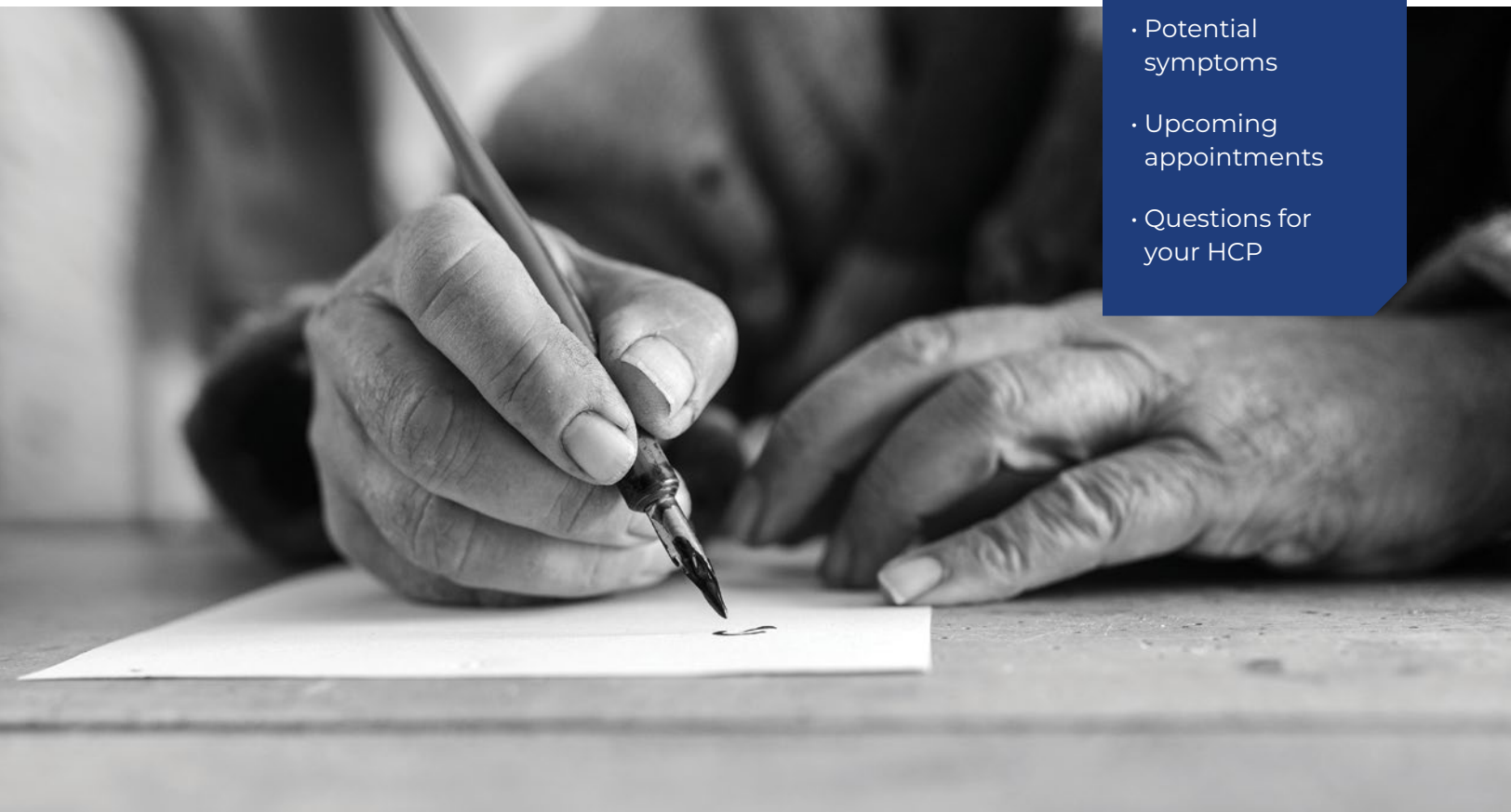
Staying on track starts here

We know you are faced with new information and questions every day, so we created this journal to help you stay on track with your FOTIVDA® (tivozanib) treatment plan.

This is YOUR treatment journal, one of the tools you have through AVEO ACE to help you with your treatment journey. You'll find tips throughout, and can take comfort in knowing you have one place to record your experience and questions.

Inside you will find tools to help you keep track of:

- Important contact information
- Medicine/dosing schedule
- Potential symptoms
- Upcoming appointments
- Questions for your HCP



Download and save this handbook on your device to record your personal health experiences. This will help you easily access your notes and have informed discussions with your healthcare provider.



Please see the Important Safety Information on **pages 11-12** or visit **www.FOTIVDA.com**



Important contact information

You may interact with a variety of healthcare professionals throughout your treatment. Please use the space below to list the contact information of your healthcare team. Be sure to update this list as needed and refer to it when interacting with healthcare professionals throughout your treatment.

FOTIVDA Prescriber

Name: _____ Email: _____ Phone: _____

Institution: _____ Address: _____

Doctor/Specialist

Name: _____ Email: _____ Phone: _____

Institution: _____ Address: _____

Nurse/Clinic

Name: _____ Email: _____ Phone: _____

Institution: _____ Address: _____

Pharmacy

Name: _____ Email: _____ Phone: _____

Institution: _____ Address: _____

Need Support? We are here to help.

AVEO ACE provides helpful information and resources for patients starting FOTIVDA® (tivozanib), and can provide personalized support every step of the way throughout your treatment journey, regardless of your coverage or financial circumstances.



CALL US AT: 1-833-FOTIVDA
(1-833-368-4832) M-F 8 AM to 8 PM ET



VISIT US AT: WWW.FOTIVDA.COM



Please see the Important Safety Information on **pages 11-12** or visit **www.FOTIVDA.com**



Current medication list

Use the space below to list the current medications you are taking alongside FOTIVDA® (tivozanib). Be sure to update this list as you continue your treatment, making note of any medication or dosing changes. Refer to this list when providing your healthcare professionals with your medical history.

Medicine	Dose	Schedule	Reason for Taking



OTC Medication, Vitamins, and Supplements

Use the space below to list the current OTC medication, vitamins, and supplements you are taking alongside FOTIVDA. If you have any questions about this, be sure to discuss with your healthcare provider.

Medicine	Dose	Schedule	Reason for Taking

Keeping track of your treatment dosage

Once-daily FOTIVDA® (tivozanib) fits your lifestyle.

- One capsule, once daily with water.
- With or without food.
- Every 21 days followed by a 7-day break.
- Take FOTIVDA as prescribed by your healthcare provider.
- Call your doctor right away if you take too much FOTIVDA or if you miss a dose.
- Do not stop taking FOTIVDA without speaking to your doctor.

While on FOTIVDA, it is important to track your dosage. Use the trackers to note the following:

The date of dose taken	• Date:	05/01/2025
The time of dose taken	• Time:	9:45 am
The dose of FOTIVDA taken	• Dose:	1.34 mg

DAY 1

SELECT IMPORTANT SAFETY INFORMATION

Possible serious side effects can occur with FOTIVDA. Call or see your healthcare provider right away if you develop:

High blood pressure (hypertension). High blood pressure may be severe, including a sudden, severe increase in your blood pressure (hypertensive crisis) that can lead to death. Your healthcare provider should check your blood pressure after 2 weeks and at least monthly and may prescribe medicine to treat high blood pressure. You should check your blood pressure regularly and tell your healthcare provider if you have increased blood pressure or experience confusion, headaches, dizziness, chest pain, or shortness of breath.



Please see the Important Safety Information on **pages 11-12** or visit **www.FOTIVDA.com**



TREATMENT CYCLE						
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>
Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>
DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>
Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>
DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>
Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>
TREATMENT BREAK Remember to call pharmacy for refill						
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

TREATMENT CYCLE						
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>
Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>
DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>
Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>
DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>	Time: <input type="text"/>
Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>	Dose: <input type="text"/>
TREATMENT BREAK Remember to call pharmacy for refill						
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>



Please see the Important Safety Information on pages 11-12 or visit www.FOTIVDA.com

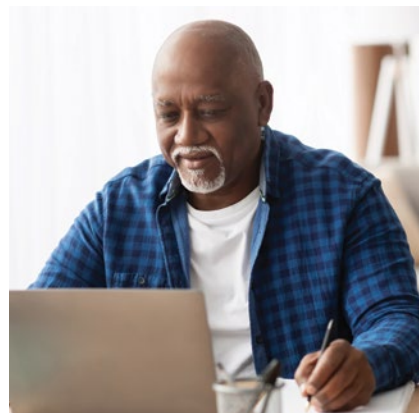


Keeping track of your symptoms

It's important to take note of any potential symptoms or changes in how you feel while taking FOTIVDA® (tivozanib), and to let your healthcare provider know immediately.

Symptoms vary from person to person, and can occur at any time during your treatment – whether you have just started FOTIVDA, or have been on FOTIVDA for a period of time. You can find a list of **serious** and **most common** potential symptoms of FOTIVDA in the **Important Safety Information** or at www.FOTIVDA.com.

It is important to notify your healthcare provider of any changes you experience or feel while taking FOTIVDA.



Symptom Tracker

Use this section to write down any changes you may be experiencing while taking FOTIVDA, or in between doctor visits. Provide information on the timing and nature of these possible symptoms, and be sure to contact your healthcare provider immediately.

Potential symptoms include, but are not limited to, those outlined in the **Important Safety Information**, so as you start FOTIVDA it is important to take note of any changes you experience.

Date	Severity <i>(check one)</i>					Description
	1	2	3	4	5	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

1 is least severe and 5 is most severe



Please see the Important Safety Information on **pages 11-12** or visit www.FOTIVDA.com



Helpful tips for making the most of your doctor's appointment

- Read about your condition and treatment options.
- Keep track of your prescription and over-the-counter medicines (including vitamins and herbal supplements), along with your dose. Be sure to track any symptoms that you may experience to discuss with your doctor.
- Write down any questions or concerns that you may want to talk about with your doctor.
- Ask a family member or friend to go with you for support, help you address questions, and help write down what your doctor says.



Notes and Questions

Below is a list of questions you might find helpful to take to your next doctor appointment:

What are the goals of my FOTIVDA treatment?	
What is my FOTIVDA dosing regimen?	
When should I take my FOTIVDA dose?	
How will I know if FOTIVDA is working?	
How long will I be on FOTIVDA?	
What potential symptoms should I watch for?	
Are there support resources to help manage my condition?	

Additional space for notes and questions may be found on **page 10**



Please see the Important Safety Information on **pages 11-12** or visit **www.FOTIVDA.com**



Important safety information

WARNINGS AND PRECAUTIONS

- **Hypertension** was reported in 45% of patients (22% \geq Grade 3). Hypertensive crises were reported in 0.8% of patients. Do not initiate FOTIVDA in patients with uncontrolled hypertension. Monitor for hypertension and treat as needed. Reduce the FOTIVDA dose for persistent hypertension not controlled by anti-hypertensive medications. Discontinue FOTIVDA for severe hypertension that cannot be controlled with anti-hypertensive therapy or for hypertensive crisis.
- **Cardiac failures** were reported in 1.6% of patients (1% \geq Grade 3); 0.6% of events were fatal. Monitor for signs or symptoms of cardiac failure during treatment with FOTIVDA. Manage with dose interruption, dose reduction, or discontinuation.
- **Cardiac ischemia** were reported in 3.2% of patients; 0.4% of events were fatal. **Arterial thromboembolic events** were reported in 2.0% of patients, including death due to ischemic stroke (0.1%). Closely monitor patients at risk for, or who have a history of these events. Discontinue FOTIVDA in patients who develop severe arterial thromboembolic events, such as myocardial infarction and stroke.
- **Venous Thrombotic Events (VTE)** were reported in 2.4% of patients, including 0.3% fatal events. Closely monitor patients who are at increased risk for these events. Discontinue in patients who develop serious VTEs.
- **Hemorrhagic Events** were reported in 11% of patients; 0.2% of events were fatal. Use FOTIVDA with caution in patients who are at risk for or who have a history of bleeding.
- **Proteinuria** was reported in 8% of patients (2% = Grade 3). Monitor during treatment with FOTIVDA. For moderate to severe proteinuria, reduce the dose or interrupt treatment. Discontinue in patients who develop nephrotic syndrome.
- **Gastrointestinal (GI) Perforation** including fatal cases, has been reported in patients receiving FOTIVDA. Monitor for symptoms of GI perforation or fistula formation periodically throughout treatment with FOTIVDA. Permanently discontinue FOTIVDA in patients who develop severe or life-threatening GI perforation.
- **Thyroid Dysfunction** events were reported in 11% of patients (0.3% \geq Grade 3). Monitor thyroid function before and during treatment with FOTIVDA.
- **Wound Healing Complications:** Withhold FOTIVDA for at least 24 days prior to elective surgery and do not administer for at least 2 weeks after major surgery and until adequate wound healing is observed.
- **Reversible Posterior Leukoencephalopathy Syndrome (RPLS)** can occur with FOTIVDA. Evaluate for RPLS in patients presenting with seizures, headache, visual disturbances, confusion, or altered mental function. Discontinue if signs or symptoms of RPLS occur.
- **Embryo-fetal Toxicity:** FOTIVDA can cause fetal harm. Advise patients of the potential risk to a fetus, to avoid becoming pregnant and to use contraception during treatment and for one month after the last dose of FOTIVDA. Advise males with female partners of reproductive potential to use effective contraception during treatment and for one month after the last dose of FOTIVDA.
- **Allergic Reaction to Tartrazine:** FOTIVDA 0.89 mg capsule contains FD&C Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible patients.



Please see the Important Safety Information on **pages 11-12** or visit **www.FOTIVDA.com**

Adverse Reactions:

- **Common adverse reactions** include fatigue/asthenia, hypertension, diarrhea, decreased appetite, nausea, dysphonia, hypothyroidism, cough, and stomatitis.
- **Serious adverse reactions** include bleeding (3.5%), venous thromboembolism (3.5%), arterial thromboembolism (2.9%), acute kidney injury (2.3%), and hepatobiliary disorders (2.3%).

Drug Interactions:

- Avoid coadministration with strong CYP3A4 inducers.

Use in Specific Populations:

- Advise women not to breastfeed during treatment and for at least 1 month after the last dose.
- The recommended dosage for patients with end-stage renal disease has not been established.
- Reduce the FOTIVDA dose for patients with moderate hepatic impairment. The recommended dosage in patients with severe hepatic impairment has not been established.



Please see the Important Safety Information on **pages 11-12** or visit **www.FOTIVDA.com**



FOTIVDA is a registered trademark of AVEO Pharmaceuticals, Inc.
©2025 AVEO Pharmaceuticals, Inc. All rights reserved. US-MAT-01198 04/2025