

Tivdak (tisotumab vedotin-tftv)



Pharmacy Coverage Policy

Effective Date: December 24, 2021

Revision Date: January 24, 2024

Review Date: January 17, 2024

Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

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Products Affected

Tivdak intravenous solution

Listed Indications

[Recurrent/ Metastatic Cervical Cancer](#)

Recurrent/ Metastatic Cervical Cancer

Does the member meet all of the following criteria?

Criteria #1	The member has recurrent or metastatic cervical cancer
Criteria #2	The member experienced disease progression after chemotherapy
Criteria #3	If the disease expresses CPS score of greater than equal to 1 and <ul style="list-style-type: none">The member has a medical reason why Keytruda (pembrolizumab) can not be initiated as subsequent therapy* <p>*For Medicare Part B requests, the step therapy requirement does not apply if the request is a continuation of prior therapy within the past 365 days.</p>
Criteria #4	Tivdak (tisotumab vedotin-tftv) is administered as monotherapy as subsequent therapy

Does the member have any of the following exclusions? If yes, approval may not be appropriate.

NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

Exclusion #1	Member experiences disease progression on Tivdak (tisotumab vedotin-tftv)
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Approval Duration

Initial	Plan year durations or as determined through clinical review
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Background

This is a prior authorization policy about Tivdak (tisotumab vedotin-tftv).

Warnings and Precautions:

- Peripheral Neuropathy
- Hemorrhage
- Pneumonitis
- Embryo-fetal toxicity

Tivdak (tisotumab vedotin-tftv), a tissue factor-directed antibody and microtubule inhibitor conjugate, binds to the human IgG1.

Tivdak (tisotumab vedotin-tftv) is indicated for treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on

Tivdak (tisotumab vedotin-tftv)

Effective Date: 12/24/2021

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or after chemotherapy.

Tisotumab vedotin-tftv is available Tivdak 40 mg lyophilized cake or powder in a single-dose vial for reconstitution.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Tivdak; tisotumab vedotin-tftv; metastatic; recurrent; cervical cancer; antibody drug conjugate

References

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Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically.

NCCN Drug and Biologics Compendium. Fort Washington, PA: National Comprehensive Cancer Network (NCCN); Updated periodically.

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