Reference number(s)
4985-A

SPECIALTY GUIDELINE MANAGEMENT

TIVDAK (tisotumab vedotin-tftv)

POLICY

I. 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
Tivdak is indicated for the treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy.

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

II. CRITERIA FOR INITIAL APPROVAL

Cervical Cancer
Authorization of 12 months may be granted for treatment of recurrent or metastatic cervical cancer with disease progression on or after chemotherapy, as a single agent.

III. CONTINUATION OF THERAPY

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

IV. REFERENCES

1. Tivdak [package insert]. Bothell, WA: Seagen Inc.; September 2021.