

Tivdak (tisotumab vedotin-tftv)



Pharmacy Coverage Policy

Effective Date: January 01, 2024
Revision Date: September 25, 2024
Review Date: September 18, 2024
Line of Business: Medicaid - Louisiana
Policy Type: Prior Authorization

Page: 1 of 2

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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	<u>The member has recurrent or metastatic cervical cancer</u>
Criteria #2	<u>The member experienced disease progression after chemotherapy</u>
Criteria #3	<u>If the disease expresses CPS score of greater than equal to 1 and</u> <ul style="list-style-type: none"><u>The member has a medical reason why Keytruda (pembrolizumab) can not be initiated as subsequent therapy</u>
Criteria #4	<u>Tivdak (tisotumab vedotin-tftv) is administered as monotherapy as subsequent therapy</u>

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	<u>Member experiences disease progression on Tivdak (tisotumab vedotin-tftv)</u>
Approval Duration	
Initial	<u>plan year duration or as determined through clinical review</u>
Renewal	<u>plan year duration or as determined through clinical review</u>

[Back to top](#)

Background

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

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 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

Tivdak (tisotumab vedotin-tftv)

Effective Date: 1/1/2024

Revision Date: 9/25/2024

Review Date: 9/18/2024

Line of Business: Medicaid - Louisiana

Policy Type: Prior Authorization

Page: 2 of 2

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

References

Tivdak (tisotumab vedotin-tftv) [prescribing information]. Seagen Inc. Bothell, WA; January 2022.
Clinical Pharmacology [database online]. Philadelphia, PA: Elsevier, Inc.; URL: <https://www.clinicalkey.com/pharmacology/>. Updated periodically. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
NCCN Drug and Biologics Compendium. Fort Washington, PA: National Comprehensive Cancer Network (NCCN); Updated periodically.
IBM Micromedex DRUGDEX [database online]. Cambridge, MA: IBM Corporation; URL: <http://www.micromedexsolutions.com>. Updated periodically.

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at <http://www.cms.hhs.gov/>. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without permission from Humana.