

Tivdak (tisotumab vedotin-tftv)
Effective 05/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

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

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a diagnosis of recurrent or metastatic cervical cancer
2. Disease has progressed on or after chemotherapy
3. The requested medication is being used as a single agent

Continuation of Therapy

Reauthorization may be granted with physician documentation of no evidence of unacceptable toxicity or disease progression while on treatment.

Limitations

1. Initial approvals and reauthorizations will be granted for: 12 months

References

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

Review History

03/16/2022 – Created for March P&T Effective 05/01/2022.

