

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

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### 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.