Mass General Brigham
Health Plan

Tivdak® (tisotumab vedotin-tftv)
Effective 06/05/2023

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
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® (tisotumab vedotin-tftv) is indicated for the treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy.

No PA	Drugs that require PA
Alternatives vary by specific malignancy and may include systemic chemotherapy (e.g., platinum [cisplatin, carboplatin]-containing regimens).	Tivdak® (tisotumab vedotin-tftv)

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

<u>Recurrent or metastatic cervical cancer</u>
Prescriber provides documentation of **ALL** of the following:
1. Appropriate diagnosis
2. Prescriber is an oncologist
3. Appropriate dosing (weight required)
4. Member is ≥18 years of age

5. Physician documentation of an inadequate response, adverse reaction, or contraindication to one line of platinum-based chemotherapy
6. If PD-L1 positive, TMB-H, or MSI-H/dMMR positive, physician documentation of member having an inadequate response, adverse reaction, or contraindication to Keytruda® (pembrolizumab)

TMB-H= tumor mutational burden-high, PD-L1=programmed cell death ligand, MSI-H=microsatellite instability-high, dMMR=deficient mismatch repair

Continuation of Therapy

Reauthorizations requires physician attestation of continuation of therapy and positive response to therapy.

Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

References

1. Tivdak® (tisotumab vedotin-tftv) [prescribing information]. Bothell (WA): Seagen, Inc; 2021 Sep.
2. Duska LR**.** Overview of approach to cervical cancer survivors**.** In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Nov 19]. Available from: http://www.utdol.com/utd/index.do.
3. National Cancer Institute. Surveillance, Epidemiology, and End Results (SEER) Program, Cancer stat facts: cervical cancer. 2021 [cited 2021 Nov 29]. Available from: Cervical Cancer — Cancer Stat Facts.
4. Wright J**.** Management of recurrent or metastatic cervical cancer**.** In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Nov 19]. Available from: http://www.utdol.com/utd/index.do
5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Cervical Cancer. Version 1.2022. 2021 Oct 26 [cited 2021 Nov 19]. Available from: https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf.

Review History

09/21/22 – Created for September P&T. Matched MH criteria. Effective 11/1/22.
05/10/23 – Reviewed and updated for P&T. Criteria update based on NCCN recommendations: removal of nivolumab as a step through. Clarified that Tivdak is available through both pharmacy and medical benefits. Effective 6/5/23