

Tivdak (tisotumab vedotin-tftv)
Effective 06/01/2025

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

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:

1. Diagnosis of recurrent or metastatic cervical cancer
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; 2024 Oct.
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

05/15/25 – Reviewed and updated for P&T. Updated formatting and references. Effective 6/1/25

