

Tisotumab vedotin-tftv (Tivdak®)

Place of Service

Office Administration

Outpatient Facility Infusion Administration

Infusion Center Administration

HCPSC: J9273 per 1 mg

Condition(s) listed in policy (see criteria for details)

- [Cervical cancer](#)

AHFS therapeutic class: antineoplastic agent

Mechanism of action: Tissue factor directed antibody and microtubule inhibitor conjugate

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for tisotumab vedotin-tftv (Tivdak®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Cervical cancer

1. Persistent, recurrent or metastatic disease, **AND**
2. Being used as a single agent, **AND**
3. Used as a subsequent treatment

Covered Doses

Up to 200 mg IV every 3 weeks

Coverage Period

Indefinite

ICD-10:

C53.0, C53.1, C53.8, C53.9, C79.89, C79.9, Z80.49

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for tisotumab vedotin-tftv (Tivdak®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 40 mg (single-dose vials)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Tivdak (2022). Available by subscription at: www.nccn.org.
- National Comprehensive Cancer Network. Bladder Cancer (Version 1.2022). Available at: www.nccn.org
- Tivdak® (tisotumab vedotin-tftv) [Prescribing Information]. Bothell, WA: Seagen Inc.; 1/2022.

(7) Policy Update

Date of last review: 1Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*