

**TIVDAK**  
**(tisotumab vedotin-tftv)**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

1. Recurrent or metastatic cervical cancer
  - a. Patient has had disease progression on or after chemotherapy

**AND ALL** of the following:

1. Prescriber agrees that an ophthalmic exam including visual acuity and slit lamp exam will be done at baseline, prior to each dose, and as clinically indicated
2. Females of reproductive potential only: patient will be advised to use effective contraception during treatment with Tivdak and for 2 months after the last dose

## **Prior - Approval Limits**

**Quantity** 20 vials per 84 days

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

1. Recurrent or metastatic cervical cancer
  - a. **NO** disease progression or unacceptable toxicity

**AND ALL** of the following:



**BlueCross  
BlueShield**

Federal Employee Program.

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1. Prescriber agrees that an ophthalmic exam including visual acuity and slit lamp exam will be done prior to each dose and as clinically indicated
2. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tivdak and for 2 months after the last dose

**Prior - Approval *Renewal* Limits**

Same as above