Reference number(s)
4985-A

Specialty Guideline Management
Tivdak

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Tivdak	tisotumab vedotin-tftv

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Tivdak is indicated for the treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy.

All other indications are considered experimental/investigational and not medically necessary.

Compendial Uses

- Cervical Cancer
- Vaginal Cancer

Reference number(s)
4985-A

Coverage Criteria

Cervical Cancer

Authorization of 12 months may be granted for treatment of recurrent or metastatic cervical cancer with disease progression on or after chemotherapy, as a single agent.

Vaginal Cancer

Authorization of 12 months may be granted as a single agent for subsequent treatment of recurrent or metastatic vaginal cancer.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Tivdak [package insert]. Bothell, WA: Seagen Inc.; April 2024.
2. The NCCN Drugs & Biologics Compendium 2024 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed August 5, 2024.