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# STANDARD MEDICARE PART B MANAGEMENT

## TIVDAK (tisotumab vedotin-tftv)

**POLICY**

### I. 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 will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

### II. CRITERIA FOR INITIAL APPROVAL

**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.

### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with Tivdak
B. Tivdak is being used to treat an indication enumerated in Section II
C. The member is receiving benefit from therapy. Benefit is defined as:
    1. No evidence of unacceptable toxicity while on the current regimen, and
    2. No evidence of disease progression while on the current regimen

### IV. REFERENCES

1. Tivdak [package insert]. Bothell, WA: Seagen Inc.; September 2021.





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