Clinical Policy: Tisotumab Vedotin-tftv (Tivdak)

Reference Number: ERX.SPA.459
Effective Date: 12.01.21
Last Review Date: 11.21
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Tisotumab vedotin-tftv (Tivdak™) is a tissue factor directed antibody and microtubule inhibitor conjugate.

FDA Approved Indication(s)
Tivdak is indicated for the treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy.

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Tivdak is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Cervical Cancer (must meet all)**:**

1. Diagnosis of cervical cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is recurrent or metastatic;
5. Member has received no more than two prior systemic regimens in the recurrent or metastatic setting;
6. Failure of single-agent or combination chemotherapy regimen, with or without bevacizumab (e.g., cisplatin/paclitaxel/bevacizumb, cisplatin/paclitaxel, cisplatin alone), unless contraindicated or clinically significant adverse effects are experienced;
7. Documentation of member's current weight in kilograms;
8. Request meets one of the following (a or b):*
   a. Dose does not exceed 2 mg/kg (up to a maximum of 200 mg for members ≥ 100 kg) every 3 weeks;
   b. Dose is supported by practice guideline or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Cervical Cancer (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Tivdak for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. Member is receiving at least 0.9 mg/kg every 3 weeks;
4. Documentation of member's current weight in kilograms;
5. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 2 mg/kg (up to a maximum of 200 mg for members ≥ 100 kg) every 3 weeks;
   b. New dose is supported by practice guideline or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 12 months

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
paclitaxel/cisplatin ± bevacizumab (Avastin®, Mvasi®, Zirabev™)	• Paclitaxel: 135 mg/m2 or 175 mg/m2 IV on Day 1 • Cisplatin: 50 mg/m^2 IV on Day 1 or 2 • With or without bevacizumab: 15 mg/kg IV on day Repeat every 3 weeks until disease progression or unacceptable toxicity	Varies
paclitaxel/ carboplatin ± bevacizumab (Avastin®, Mvasi®, Zirabev™)	• Paclitaxel 135 mg/m^2 IV over 3 hours • Carboplatin target AUC 5 IV • With or without bevacizumab: 15 mg/kg IV on day Repeat every 3 weeks until disease progression or unacceptable toxicity	Varies
topotecan (Hycamtin®) /paclitaxel ± bevacizumab (Avastin®, Mvasi®, Zirabev™)	• Paclitaxel: 175 mg/m^2 on day 1 • Topotecan: 0.75 mg/m^2 on days 1,2, and 3 • With or without bevacizumab: 15 mg/kg IV on day Repeat every 3 weeks until disease progression or unacceptable toxicity	Varies
paclitaxel/cisplatin	• Paclitaxel: 135 mg/m^2 over 24 hours • Cisplatin: 50 mg/m^2 on day 1 Repeat every 3 weeks for a maximum of 6 cycles in non-responders or until disease progression or unacceptable toxicity	Varies
paclitaxel/ carboplatin	• Paclitaxel 135 mg/m^2 IV over 3 hours on day 1 until disease progression or unacceptable toxicity • Carboplatin: Target AUC 5 IV every 3 weeks for 6 to 9 cycles	Varies
cisplatin/topotecan (Hycamtin®)	• Cisplatin: 50 mg/m^2 IV on day 1 • Topotecan: 0.75 mg/m^2/day IV for days 1,2, and 3	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	Repeat every 3 weeks for a maximum of 6 cycles in nonresponders or until disease progression or unacceptable toxicity	
paclitaxel/ topotecan (Hycamtin®)	• Paclitaxel: 175 mg/m^2 on day 1 • Topotecan: 0.75 mg/m^2 on days 1,2, and 3 Repeat every 3 weeks until disease progression or unacceptable toxicity	Varies
cisplatin	40 mg/m^2 over 4 hours to radiation therapy on days 1,8,15,22,29 and 36	Varies
carboplatin	400 mg/m^2 on day 1 every 28 days	Varies
paclitaxel	Varies	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): none reported
- Boxed warning(s): ocular toxicity; Tidvak caused changes in the corneal epithelium and conjunctive resulting in changes in vision, including severe vision loss, and corneal ulceration

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Cervical cancer	2 mg/kg IV over 30 minutes every 3 weeks until disease progression or unacceptable toxicity	2 mg/kg, 200 mg for members ≥ 100 kg

V. Product Availability

Intravenous powder for solution, single-dose vial: 40 mg

VI. References

1. Tivdak Prescribing Information. Bothell, WA: Seagen Inc.; September 2021. Available at: https://www.tivdakhcp.com. Accessed October 18, 2021.
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7. Tewari KS, Sill MW, Penson RT, et al. Bevacizumab for advanced cervical cancer: final overall survival and adverse event analysis of a randomised, controlled, open-label, phase 3 trial (Gynecologic Oncology Group 240). Lancet. 2017;390(10103):1654-1663.
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12. Weiss GR, Green S, Hannigan EV, et al. A phase II trial of carboplatin for recurrent or metastatic squamous carcinoma of the uterine cervix: a Southwest Oncology Group study. Gynecol Oncol. 1990;39(3):332-336.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	10.18.21	11.21

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.