Seagen Secure®
Patient Assistance Program

855-4SECURE (855-473-2873)
Monday-Friday, 8 AM-8 PM ET

Sample Codes for Eye Care Administration

This guide is intended to be an educational reference, providing general coding and billing information to facilitate eye exams and eye care for patients receiving Tivdak® (tisotumab vedotin-tftv) 40 mg for injection. It is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Coverage, coding, and payment may vary by payer, plan, and treatment setting. It is the sole responsibility of the provider to ensure accuracy of coding and documentation on claims forms.

Eye Exam Codes for Ophthalmologists

When billing for eye exams, it is recommended to include the primary condition, long-term medication, and any adverse effects your patient is experiencing. If your patient is experiencing an adverse effect, it is important to link that adverse effect to the drug therapy.[1,2]

Primary Diagnosis ICD-10-CM Codes
Malignant Neoplasm of Cervix Uteri[3]

Code	Description
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified

Primary Diagnosis ICD-10-CM Codes
Carcinoma In Situ of Cervix Uteri[3]

Code	Description
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified

Ocular Adverse Effects ICD-10-CM Codes[3]

Code	Description
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela

Ocular Examination CPT Code[4]

Code	Description
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography).

Eye Care Billing for HCP Offices

There are no separate billing codes for auxiliary services, such as eye drop administration and cold pack application, which are typically included as part of the charge for administering Tivdak therapy. Please refer to your institutional practice for specific guidelines.

Contact Seagen Secure® to learn more about Benefit and Reimbursement Assistance

There are 3 ways to contact Seagen Secure for assistance:

Call
Call 855-4SECURE (855-473-2873)
Monday-Friday, 8 AM-8PM ET

Go online
SeagenSecure.com or email casemanager@seagensecure.com

Fax
855-557-2480

CPT = Current Procedural Terminology; HCP = healthcare provider; ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification

Please see Indication and Important Safety Information on pages 2 and 3. Click here for full Prescribing Information, including BOXED WARNING, for TIVDAK.

Indication

TIVDAK® (tisotumab vedotin-tftv) 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.

Important Safety Information

BOXED WARNING: OCULAR TOXICITY

TIVDAK caused changes in the corneal epithelium and conjunctiva resulting in changes in vision, including severe vision loss, and corneal ulceration. Conduct an ophthalmic exam at baseline, prior to each dose, and as clinically indicated. Adhere to premedication and required eye care before, during, and after infusion. Withhold TIVDAK until improvement and resume, reduce the dose, or permanently discontinue, based on severity.

Warnings and Precautions

Ocular Adverse Reactions occurred in 60% of patients with cervical cancer treated with TIVDAK across clinical trials. The most common were conjunctival adverse reactions (40%), dry eye (29%), corneal adverse reactions (21%), and blepharitis (8%). Grade 3 ocular adverse reactions occurred in 3.8% of patients, including severe ulcerative keratitis in 3.2% of patients. One patient experienced ulcerative keratitis with perforation requiring corneal transplantation. Cases of symblepharon were reported in patients with other tumor types treated with TIVDAK at the recommended dose.

In innovaTV 204, 4% of patients experienced visual acuity changes to 20/50 or worse including 1% of patients who experienced a visual acuity change to 20/200. Of the patients who experienced decreased visual acuity to 20/50 or worse, 75% resolved, including the patient who experienced decreased visual acuity to 20/200.

Refer patients to an eye care provider for an ophthalmic exam including visual acuity and slit lamp exam at baseline, prior to each dose, and as clinically indicated. Adhere to premedication and required eye care to reduce the risk of ocular adverse reactions. Promptly refer patients to an eye care provider for any new or worsening ocular signs and symptoms. Withhold dose, reduce the dose, or permanently discontinue TIVDAK based on the severity of the adverse reaction.

Peripheral Neuropathy (PN) occurred in 42% of cervical cancer patients treated with TIVDAK across clinical trials; 8% of patients experienced Grade 3 PN. PN adverse reactions included peripheral neuropathy (20%), peripheral sensory neuropathy (11%), peripheral sensorimotor neuropathy (5%), motor neuropathy (3%), muscular weakness (3%), and demyelinating peripheral polyneuropathy (1%). One patient with another tumor type treated with TIVDAK at the recommended dose developed Guillain-Barre syndrome. Monitor patients for signs and symptoms of neuropathy. For new or worsening PN, withhold, dose reduce, or permanently discontinue TIVDAK based on the severity of PN.

Hemorrhage occurred in 62% of cervical cancer patients treated with TIVDAK across clinical trials. The most common all grade hemorrhage adverse reactions were epistaxis (44%), hematuria (10%), and vaginal hemorrhage (10%). Grade 3 hemorrhage occurred in 5% of patients.

Monitor patients for signs and symptoms of hemorrhage. For patients experiencing pulmonary or CNS hemorrhage, permanently discontinue TIVDAK. For Grade ≥2 hemorrhage in any other location, withhold until bleeding has resolved, blood hemoglobin is stable, there is no bleeding diathesis that could increase the risk of continuing therapy, and there is no anatomical or pathologic condition that can increase the risk of hemorrhage recurrence. After resolution, either resume treatment or permanently discontinue TIVDAK.

Pneumonitis: Severe, life-threatening, or fatal pneumonitis can occur in patients treated with antibody-drug conjugates containing vedotin, including TIVDAK. Among patients with cervical cancer treated with TIVDAK across clinical trials, 2 patients (1.3%) experienced pneumonitis, including 1 patient who had a fatal outcome.

Monitor patients for pulmonary symptoms of pneumonitis. Infectious, neoplastic, and other causes for symptoms should be excluded through appropriate investigations.

Withhold TIVDAK for patients who develop persistent or recurrent Grade 2 pneumonitis and consider dose reduction. Permanently discontinue TIVDAK in all patients with Grade 3 or 4 pneumonitis.

Please see additional Important Safety Information on page 3.
Click here for full Prescribing Information, including BOXED WARNING, for TIVDAK.

Important Safety Information (cont'd)

Embryo-Fetal Toxicity: TIVDAK can cause fetal harm when administered to a pregnant woman. Advise patients of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TIVDAK and for 2 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TIVDAK and for 4 months after the last dose.

Adverse Reactions

Serious adverse reactions occurred in 43% of patients; the most common (≥3%) were ileus (6%), hemorrhage (5%), pneumonia (4%), PN, sepsis, constipation, and pyrexia (each 3%). Fatal adverse reactions occurred in 4% of patients who received TIVDAK, including septic shock, pneumonitis, sudden death, and multisystem organ failure (each 1%).

Adverse reactions leading to permanent discontinuation occurred in 13% of patients receiving TIVDAK; the most common (≥3%) were PN (5%) and corneal adverse reactions (4%). Adverse reactions leading to dose interruption occurred in 47% of patients; the most common (≥3%) were PN (8%), conjunctival adverse reactions (4%), and hemorrhage (4%). Adverse reactions leading to dose reduction occurred in 23% of patients; the most common (≥3%) were conjunctival adverse reactions (9%) and corneal adverse reactions (8%).

The most common (≥25%) adverse reactions, including laboratory abnormalities, were hemoglobin decreased (52%), fatigue (50%), lymphocytes decreased (42%), nausea (41%), PN (39%), alopecia (39%), epistaxis (39%), conjunctival adverse reactions (37%), hemorrhage (32%), leukocytes decreased (30%), creatinine increased (29%), dry eye (29%), prothrombin international normalized ratio increased (26%), activated partial thromboplastin time prolonged (26%), diarrhea (25%), and rash (25%).

Drug interactions

Strong CYP3A4 Inhibitors: Concomitant use with strong CYP3A4 inhibitors may increase unconjugated monomethyl auristatin E (MMAE) exposure, which may increase the risk of TIVDAK adverse reactions. Closely monitor patients for TIVDAK adverse reactions.

Use in Specific Populations

Moderate or Severe Hepatic Impairment: MMAE exposure and adverse reactions are increased. Avoid use.

Lactation: Advise lactating women not to breastfeed during TIVDAK treatment and for at least 3 weeks after the last dose.

Click here for full Prescribing Information, including BOXED WARNING, for TIVDAK.

References: 1. American Academy of Ophthalmology. Coding exams for patients on high-risk medications (revised October 20, 2015). https://www.aao.org/practice-management/news-detail/coding-exams-patients-on-high-risk-medications. Accessed November 12, 2021. **2.** Rumpakis, J. Review of Optometry. Coding long-term medications (revised August 15, 2017). https://www.reviewofoptometry.com/article/ro0817-coding-longterm-medications. Accessed November 12, 2021. **3.** Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries (2019). https://www.cms.gov/files/zip/2021-code-tables-and-index.zip. File name: icd10cm_tabular_2019.pdf. Accessed December 3, 2021. **4.** CPT Code Search. CPT Code List. https://www.sites.google.com/site/cptcodes/codelist. Accessed November 15, 2021.

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