

# Kimmtrak (tebentafusp-tebn)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Kimmtrak (tebentafusp-tebn)

## **APPROVAL CRITERIA**

Requests for Kimmtrak (tebentafusp-tebn) may be approved if the following criteria are met (Label, NCT04960891):

- I. Individual is 18 years of age or older: **AND**
- II. Individual has a diagnosis of unresectable or metastatic uveal melanoma; **AND**
- III. Individual is using Kimmtrak for the treatment of HLA-A\*02:01 positive genotype uveal melanoma; **AND**
- IV. Individual has an ECOG performance status of 0-1.

Requests for Kimmtrak (tebentafusp-tebn) may not be approved when the criteria above are not met and all other indications.

## **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 26, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 26, 2022
6. NCT04960891. ClinicalTrials.gov. U.S National Library of Medicine, National Institutes of Health website. Available at: <https://clinicaltrials.gov/ct2/show/NCT04960891?term=tebentafusp&draw=1&rank=1>.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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