

Tebentafusp-tebn (Kimmtrak®)

Place of Service

Office Administration
Infusion Center Administration
Outpatient Facility Administration

HCPs: J9274 per 1 mcg

Condition(s) listed in policy (see criteria for details)

- [Melanoma: uveal](#)

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: Bispecific gp100 peptide-HLA-directed CD3 T cell engager

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Kimmtrak® (tebentafusp-tebn) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Melanoma: uveal

1. Provider attestation that patient has HLA-A*02:01-positive uveal melanoma, **AND**
2. Disease is unresectable or metastatic, **AND**
3. Being used as single agent therapy

Covered Doses

Up to 20 mcg IV on Day 1, 30 mcg IV on Day 8, 68 mcg IV on Day 15, and 68 mcg IV once every week thereafter

Coverage Period

Indefinitely

ICD-10:

C69.30-C69.32, C69.40 -C69.42, C69.60-C69.62

(3) The following condition(s) **DO NOT** require Prior Authorization/Preservice

All requests for Kimmtrak® (tebentafusp-tebn) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

100 mcg in 0.5 mL single dose vials

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com>
- Kimmtrak® (tebentafusp-tebn) [Prescribing Information]. Conshohocken, PA: Immunocore Commercial LLC.; 1/2022.
- National Comprehensive Cancer Network. Melanoma: Uveal (Version 2.2022). Available at: www.nccn.org/

(7) Policy Update

Date of last review: 2Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*