

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Kimmtrak Prior Authorization Policy

- Kimmtrak® (tebentafusp-tebn intravenous infusion – Immunocore)

REVIEW DATE: 02/08/2023

OVERVIEW

Kimmtrak, a bispecific gp100 peptide-human leukocyte antigen (HLA)-directed CD3 T cell engager, is indicated for the treatment of adults with HLA-A*02:01-positive, unresectable or metastatic uveal melanoma.¹

Guidelines

The National Comprehensive Cancer Network melanoma: uveal (version 2.2022 – April 5, 2022) clinical practice guidelines recommend Kimmtrak as a preferred regimen for patients with distant metastatic disease who are HLA-A*02:01 positive (category 1).^{2,3}

Safety

Kimmtrak has a Boxed Warning for cytokine release syndrome which may be serious or life-threatening.¹

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Kimmtrak. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kimmtrak as well as the monitoring required for adverse events and long-term efficacy, approval requires Kimmtrak to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Kimmtrak is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Uveal Melanoma.** Approve for 1 year if the patient meets the following criteria (A, B, C, and D):
 - A) Patient is \geq 18 years of age; AND
 - B) Patient has unresectable or metastatic disease; AND
 - C) The tumor is HLA-A*02:01 positive; AND
 - D) The medication is prescribed by or in consultation with an oncologist.

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CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Kimmtrak is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Kimmtrak intravenous infusion [prescribing information]. Conshohocken, PA: Immunocore; November 2022.
2. The NCCN Drugs & Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on February 3 2023. Search term: tebentafusp.
3. The NCCN Melanoma: Uveal Clinical Practice Guidelines in Oncology (version 2.2022 – April 5, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on February 3, 2023.