

**Kimmtrak (tebentafusp-tebn)**  
**Effective 9/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Kimmtrak is indicated for the treatment of HLA-A\*02:01-positive adult patients with unresectable or metastatic uveal melanoma.

### Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member has a diagnosis of HLA-A\*02:01-positive uveal melanoma
2. Documentation that disease is unresectable or metastatic

### Continuation of Therapy

Reauthorization requires physician attestation there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

### Review History

07/20/22 – Reviewed and created for July P&T. Effective 9/01/2022

**References**

Kimtrak [package insert]. Conshohocken, PA: Immunocore Commercial LLC; January 2022.

