

Tebentafusp-tebn



Included Products: Kimmtrak (tebentafusp-tebn)

Nonformulary for outpatient benefit. PA required on medical benefit.

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Metastatic Uveal Melanoma

Initial Criteria		If yes	If no
1.	Is the treatment being prescribed or supervised by a hematologist or oncologist, as appropriate, for the type of cancer?	Continue to #2.	Do not approve.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines?	Continue to #4.	Continue to #3.
3.	Is the treatment being used according to the FDA indication?	Continue to #4.	Request external specialty review.
4.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #5.	Do not approve.
5.	Is there documentation confirming the patient's tumor expresses HLA-A*0201 surface peptide?	Continue to #6	Do not approve.
6.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Has there been evidence of tumor response?	Continue to #2.	Do not approve.
2.	Approve for 3 months.		