

Clinical Policy: Pembrolizumab, Pembrolizumab/Berahyaluronidase alfa-pmph (Keytruda, Keytruda Qlex)

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Description

Pembrolizumab (Keytruda®) is a programmed cell death receptor-1 (PD-1)-blocking antibody. Pembrolizumab/berahyaluronidase alfa-pmph (Keytruda Qlex™) is a combination of pembrolizumab and berahyaluronidase alfa, an endoglycosidase.

FDA Approved Indication(s)

Indication	Adults	Pediatrics	Keytruda	Keytruda Qlex
Melanoma	X	X	X	X
Non-small cell lung cancer	X		X	X
Malignant pleural mesothelioma (MPM)	X		X	X
Head and neck squamous cell carcinoma (HNSCC)	X		X	X
Classical Hodgkin lymphoma	X	X	X	
Primary mediastinal large B-cell lymphoma	X	X	X	
Urothelial carcinoma	X		X	X
Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) cancer <i>(First-line treatment for colorectal cancer limited to adults.)</i>	X	X	X	X
Gastric cancer	X		X	X
Esophageal cancer	X		X	X
Cervical cancer	X		X	X
Hepatocellular carcinoma	X		X	X
Biliary tract cancer	X		X	X
Merkel cell carcinoma	X	X	X	X
Renal cell carcinoma	X		X	X
Endometrial carcinoma	X		X	X
Tumor mutational burden-high (TMB-H) cancer	X	X <i>(excludes CNS tumor)</i>	X	X
Cutaneous squamous cell carcinoma	X		X	X
Triple-negative breast cancer (TNBC)	X		X	X
Ovarian cancer	X		X	X

*If a solid tumor is characterized as MSI-H, dMMR, or TMB-H, see criteria at Sections I.H or I.P respectively.

Keytruda and Keytruda Qlex are indicated:

- **Melanoma**
 - For the treatment of patients with unresectable or metastatic melanoma.
 - For the adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB, IIC, or III melanoma following complete resection.
- **Non-Small Cell Lung Cancer (NSCLC)**

- In combination with pemetrexed and platinum chemotherapy, as first-line treatment of adult patients with metastatic nonsquamous NSCLC with no EGFR or ALK genomic tumor aberrations
- In combination with carboplatin and either paclitaxel or paclitaxel protein-bound, as first-line treatment of adult patients with metastatic squamous NSCLC
- As a single agent for the first-line treatment of adult patients with NSCLC expressing PD-L1 [Tumor Proportion Score (TPS) \geq 1%] as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations, and is:
 - Stage III where patients are not candidates for surgical resection or definitive chemoradiation, or
 - Metastatic.
- As a single agent for the treatment of adult patients with metastatic NSCLC whose tumors express PD-L1 (TPS \geq 1%) as determined by an FDA-approved test, with disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Keytruda or Keytruda Qlex.
- For the treatment of adult patients with resectable (tumors \geq 4 cm or node positive) NSCLC in combination with platinum-containing chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.
- As a single agent for the adjuvant treatment following resection and platinum-based chemotherapy for adult patients with Stage IB (T2a \geq 4 cm), II, or IIIA NSCLC.
- **Malignant Pleural Mesothelioma (MPM)**
 - In combination with pemetrexed and platinum chemotherapy, as first-line treatment of adult patients with unresectable advanced or metastatic MPM.
- **Head and Neck Squamous Cell Cancer (HNSCC)**
 - In combination with platinum and fluorouracil (FU) for the first-line treatment of patients with metastatic or with unresectable, recurrent HNSCC.
 - As a single agent for the first line treatment of adult patients with metastatic or with unresectable, recurrent HNSCC whose tumors express PD-L1 [Combined Positive Score (CPS) \geq 1] as determined by an FDA-approved test.
 - As a single agent for the treatment of adult patients with recurrent or metastatic HNSCC with disease progression on or after platinum containing chemotherapy.
- **Urothelial Carcinoma**
 - In combination with enfortumab vedotin for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma.
 - As a single agent for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma:
 - who are not eligible for any platinum-containing chemotherapy, or
 - who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
 - In combination with enfortumab vedotin, as neoadjuvant treatment and then continued after cystectomy as adjuvant treatment of adult patients with muscle invasive bladder cancer (MIBC) who are ineligible for cisplatin-containing chemotherapy.
 - As a single agent for the treatment of patients with Bacillus Calmette-Guerin (BCG)-unresponsive, high-risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in

- situ (CIS) with or without papillary tumors who are ineligible for or have elected not to undergo cystectomy.
- **Microsatellite Instability-High Cancer (MSI-H) or Mismatch Repair Deficient (dMMR) Cancer**
 - For the treatment of adult and pediatric patients (12 years and older for Keytruda Qlex) with unresectable or metastatic, MSI-H or dMMR solid tumors, as determined by an FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options.*
 - **Microsatellite Instability-High Cancer or Mismatch Repair Deficient Colorectal Cancer (CRC)**
 - For the first-line treatment of adult patients with unresectable or metastatic MSI-H or dMMR CRC as determined by an FDA-approved test.
 - **Gastric Cancer**
 - In combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adult patients with locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.*
 - In combination with fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of adults with locally advanced unresectable or metastatic HER2-negative gastric or GEJ adenocarcinoma whose tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.
 - **Esophageal cancer**
 - For the treatment of adult patients with locally advanced or metastatic esophageal or gastroesophageal junction (GEJ) (tumors with epicenter 1 to 5 centimeters above the GEJ) carcinoma that is not amenable to surgical resection or definitive chemoradiation either:
 - In combination with platinum- and fluoropyrimidine-based chemotherapy whose tumors express PD-L1 (CPS ≥ 1), or
 - As a single agent after one or more prior lines of systemic therapy for patients with tumors of squamous cell histology that express PD-L1 (CPS ≥ 10) as determined by an FDA approved test.
 - **Cervical Cancer**
 - In combination with chemoradiotherapy (CRT) for the treatment of adult patients with locally advanced cervical cancer involving the lower third of the vagina, with or without extension to pelvic sidewall, or hydronephrosis/non-functioning kidney or spread to adjacent pelvic organs (FIGO 2014 Stage III-IVA).
 - In combination with chemotherapy, with or without bevacizumab, for the treatment of adult patients with persistent, recurrent, or metastatic cervical cancer whose tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.
 - As a single agent for the treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy whose tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.
 - **Hepatocellular Carcinoma (HCC)**
 - For the treatment of adult patients with HCC secondary to hepatitis B who have received prior systemic therapy other than a PD-1/PD-L1-containing regimen.

- **Biliary Tract Cancer (BTC)**
 - In combination with gemcitabine and cisplatin for the treatment of adult patients with locally advanced unresectable or metastatic BTC.
- **Merkel Cell Carcinoma (MCC)**
 - For the treatment of adult and pediatric patients (12 years and older for Keytruda Qlex) with recurrent locally advanced or metastatic MCC.
- **Renal Cell Carcinoma (RCC)**
 - In combination with axitinib, for the first-line treatment of adult patients with advanced RCC.
 - In combination with lenvatinib, for the first-line treatment of adult patients with advanced RCC.
 - For the adjuvant treatment of adult patients with RCC at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.
- **Endometrial Carcinoma (EC)**
 - In combination with carboplatin and paclitaxel, followed by Keytruda or Keytruda Qlex as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial carcinoma.
 - In combination with lenvatinib, for the treatment of adult patients with advanced endometrial carcinoma that is mismatch repair proficient (pMMR) or not MSI-H as determined by an FDA-approved test, who have disease progression following prior systemic therapy in any setting and are not candidates for curative surgery or radiation.
 - As a single agent for the treatment of adult patients with advanced endometrial carcinoma that is MSI-H or dMMR, as determined by an FDA-approved test, who have disease progression following prior systemic therapy in any setting and are not candidates for curative surgery or radiation.
- **Tumor Mutational Burden-High (TMB-H) Cancer**
 - For the treatment of adult and pediatric patients (12 years and older for Keytruda Qlex) with unresectable or metastatic TMB-H [≥ 10 mutations/megabase (mut/Mb)] solid tumors, as determined by an FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options.

Limitations of use: The safety and effectiveness of Keytruda or Keytruda Qlex in pediatric patients (12 years and older for Keytruda Qlex) with TMB-H central nervous system cancers have not been established.

- **Cutaneous Squamous Cell Carcinoma (cSCC)**
 - For the treatment of adult patients with recurrent or metastatic cSCC that is not curable by surgery or radiation.
- **Triple-negative breast cancer (TNBC)**
 - For the treatment of adult patients with high-risk early-stage TNBC in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.
 - In combination with chemotherapy, for the treatment of adult patients with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 (CPS ≥ 10) as determined by an FDA approved test.
- **Ovarian Cancer**

- In combination with paclitaxel, with or without bevacizumab, for the treatment of adult patients with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma whose tumors express PD-L1 (CPS \geq 1) as determined by an FDA authorized test, and who have received one or two prior systemic treatment regimens.

Keytruda is additionally indicated:

- **Head and neck squamous cell cancer (HNSCC)**
 - For the treatment of adult patients with resectable locally advanced HNSCC whose tumors express PD-L1 (CPS \geq 1) as determined by an FDA-approved test, as a single agent as neoadjuvant treatment, continued as adjuvant treatment in combination with radiotherapy (RT) with or without cisplatin and then as a single agent.
- **Classical Hodgkin lymphoma (cHL)**
 - For the treatment of adult patients with relapsed or refractory cHL.
 - For the treatment of pediatric patients with refractory cHL, or cHL that has relapsed after 2 or more lines of therapy.
- **Primary mediastinal large B-cell lymphoma (PMBCL)**
 - For the treatment of adult and pediatric patients with refractory PMBCL, or who have relapsed after 2 or more prior lines of therapy.
 - Limitations of use: Keytruda is not recommended for treatment of patients with PMBCL who require urgent cytoreductive therapy.

** This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.*

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness[®] that Keytruda and Keytruda Qlex are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Melanoma (must meet all):

1. Diagnosis of melanoma;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 12 years;
4. For Keytruda Qlex requests, member weight $>$ 40kg;
5. Disease is Stage IIB, IIC, III, recurrent, unresectable, or metastatic;
6. Prescribed as one of the following (a, b, c or d):
 - a. A single agent;
 - b. In combination with Lenvima[®] or Yervoy[®];
 - c. In combination with Mekinist[®] and Traftinlar[®] for disease with BRAF V600 activating mutation;
 - d. Other NCCN recommendations listed as category 1, 2A, or 2B;
7. Request meets one of the following (a, b or c):

- a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks (for a maximum of 12 months if adjuvant treatment);
- b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks (for a maximum of 12 months if adjuvant treatment);
- c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Non-Small Cell Lung Cancer (must meet all):

1. Diagnosis of non-small cell lung cancer (NSCLC);
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. One of the following (a, b or c):
 - a. Disease is resectable or resected;
 - b. Disease is recurrent, advanced, or metastatic, and request meets one of the following (i-vi):
 - i. Disease mutation status is negative for actionable biomarkers (EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET and ERBB2 [HER2]);
 - ii. Disease mutation status is positive for EGFR S768I, L861Q, and/or G719X, and member has received prior afatinib, osimertinib, erlotinib, gefitinib, or dacomitinib;*
 - iii. Disease mutation status is positive for EGFR exon 19 deletion or L858R, and member has received prior erlotinib \pm (ramucirumab or bevacizumab), afatinib, gefitinib, osimertinib, dacomitinib, or amivantamab-vmjw + lazertinib;*
 - iv. Disease mutation status is positive for ROS1 rearrangement, and member has received prior crizotinib, entrectinib, or repotrectinib;*
 - v. Disease mutation status is positive for ALK rearrangement, and member has received prior crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib;*
 - vi. Disease mutation status is positive for EGFR exon 20, KRAS G12C, NTRK1/2/3, BRAF V600E, MET exon 14 skipping, RET rearrangement, ERBB2 (HER2);
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. Keytruda or Keytruda Qlex is prescribed in one of the following ways (a-f):
 - a. For PD-L1 positive disease (TPS \geq 1%);
 - b. In combination with a chemotherapy regimen (*see Appendix B*);
 - c. In combination with a chemotherapy regimen (*see Appendix B*) as neoadjuvant treatment, followed by single-agent adjuvant treatment after surgery for patients with resectable (tumors \geq 4 cm or node positive) disease;
 - d. As single-agent continuation maintenance therapy if previously given first line as part of a chemotherapy regimen;
 - e. As single-agent adjuvant treatment following resection and platinum-based chemotherapy (e.g., cisplatin, carboplatin) for adult patients with stage IB (T2a \geq 4 cm), II, or IIIA disease;

**Prior authorization may be required*

- f. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 6. Member does not have contraindications to PD-1/PD-L1 inhibitor therapy (e.g., Opdivo[®], Yervoy, Tecentriq[®], Imfinzi[®]) (*see Appendix F*);
- 7. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for maximum duration of one of the following (i, ii, or iii):
 - i. 24 months;
 - ii. 12 months if adjuvant treatment;
 - iii. 12 weeks if neoadjuvant treatment, followed by 39 weeks of adjuvant treatment;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of duration of one of the following (i, ii, or iii):
 - i. Adjuvant therapy: 12 months;
 - ii. Neoadjuvant, followed by adjuvant treatment: 12 weeks (neoadjuvant), then 39 weeks (adjuvant treatment);
 - iii. All other requests: 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

C. Malignant Pleural Mesothelioma (must meet all):

- 1. Diagnosis of MPM;
- 2. Prescribed by or in consultation with an oncologist;
- 3. Age \geq 18 years;
- 4. One of the following (a or b):
 - a. Disease is unresectable, advanced, or metastatic;
 - b. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 5. Keytruda or Keytruda Qlex is prescribed in combination with pemetrexed and platinum-containing chemotherapy;
- 6. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

D. Head and Neck Squamous Cell Carcinoma (must meet all):

- 1. Diagnosis of HNSCC (*locations include paranasal sinuses, larynx, pharynx, lip, oral cavity, salivary glands; may be occult primary - i.e., primary source unknown*);
- 2. Prescribed by or in consultation with an oncologist;
- 3. Age \geq 18 years;
- 4. Disease is unresectable, recurrent/persistent, or metastatic disease, prescribed in one of the following ways (a-e):

- a. Keytruda or Keytruda Qlex: In combination with platinum-containing chemotherapy and either FU, docetaxel, or gemcitabine;
 - b. Keytruda: In combination with Erbitux[®] as first-line therapy or subsequent-line therapy (*off-label*);
 - c. Keytruda or Keytruda Qlex: As a first-line single agent and the tumor expresses PD-L1 with a CPS of ≥ 1 ;
 - d. Keytruda or Keytruda Qlex: As a single agent for disease that has progressed on or after platinum-containing chemotherapy (e.g., cisplatin, carboplatin);
 - e. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. For resectable locally advanced disease, all of the following (a, b and c):
 - a. Tumor expresses PD-L1 with a CPS of ≥ 1 ;
 - b. Prescribed initially for neoadjuvant therapy as a single agent;
 - c. Then continued as adjuvant therapy in combination with RT with or without cisplatin, then as a single agent;
 6. For nasopharyngeal carcinoma, one of the following (a or b):
 - a. Failure of Loqtorzi[®] at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
 - b. Request is for Stage IV or metastatic cancer;
 7. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of one of the following (i, ii, or iii):
 - i. Neoadjuvant therapy: 6 weeks;
 - ii. Adjuvant therapy: 1 year;
 - iii. All other requests: 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Requested dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

E. Classical Hodgkin Lymphoma (must meet all):

1. Diagnosis of classical Hodgkin lymphoma (cHL);
2. Request is for Keytruda;
3. Prescribed by or in consultation with an oncologist or hematologist;
4. Age ≥ 6 months;
5. Keytruda is prescribed as single-agent therapy (*adults or pediatrics*) or in combination with GVD (gemcitabine, vinorelbine, liposomal doxorubicin), ICE (ifosfamide, carboplatin, etoposide), decitabine and vorinostat (*adults only*) in one of the following ways (a-e):
 - a. For palliative therapy;
 - b. Post-allogeneic hematopoietic cell transplant or post-autologous stem cell rescue;
 - c. Member is not a candidate for anthracycline;
 - d. For disease that is relapsed or refractory to ≥ 1 line of systemic therapy (*see Appendix B*);
 - e. Other NCCN recommendations listed as category 1, 2A, or 2B;
6. Request meets one of the following (a, b, or c):

- a. Adults: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
- b. Pediatrics: Dose does not exceed 2 mg/kg (up to 200 mg) every 3 weeks for a maximum of 24 months;
- c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

F. Primary Mediastinal Large B-Cell Lymphoma (must meet all):

1. Diagnosis of PMBCL;
2. Request is for Keytruda;
3. Prescribed by or in consultation with an oncologist or hematologist;
4. Age \geq 6 months;
5. Disease is refractory to or has relapsed after \geq 1 line of systemic therapy (*see Appendix B*);
6. Prescribed in one of the following ways (a, b or c):
 - a. As a single agent;
 - b. For age \geq 6 months to $<$ 18 years only, in combination with Adcetris[®];
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
7. Request meets one of the following (a, b, or c):
 - a. Adults: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Pediatrics: Dose does not exceed 2 mg/kg (up to 200 mg) every 3 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

G. Urothelial Carcinoma (must meet all):

1. Diagnosis of urothelial carcinoma;
2. Prescribed by or in consultation with an oncologist or urologist;
3. Age \geq 18 years;
4. Keytruda or Keytruda Qlex is prescribed in one of the following (a-f):
 - a. In combination with Padcev[®], Inlyta[®], or Lenvima[®] for locally advanced, relapsed or metastatic disease;
**Prior authorization may be required for Padcev, Inlyta and Lenvima.*
 - b. As a single agent for locally advanced or metastatic disease, member is ineligible for or has previously received platinum-containing chemotherapy (e.g., cisplatin, carboplatin) or previously received other chemotherapy;
 - c. As a single agent for the treatment of BCG-unresponsive, high-risk, NMIBC with CIS, member is ineligible for or has elected not to undergo cystectomy (*see Appendix D for BCG shortage information*);
 - d. As a single agent for adjuvant therapy;
 - e. For MIBC: Both of the following (i and ii):
 - i. In combination with Padcev[®] as neoadjuvant treatment and then continued after cystectomy as adjuvant treatment;

- ii. Member is ineligible for cisplatin-containing chemotherapy;
- f. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 5. Request meets one of the following (a, b or c):
 - a. Keytruda, one of the following (i or ii):
 - i. For MIBC, both of the following (1 and 2):
 - 1. Neoadjuvant treatment: Dose does not exceed 200 mg every 3 weeks for a maximum of 3 doses;
 - 2. Adjuvant treatment: Dose does not exceed 200 mg every 3 weeks for a maximum of 14 doses or 400 mg every 6 weeks for a maximum of 7 doses;
 - ii. All other indications: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex , one of the following (i or ii):
 - i. For MIBC, both of the following (1 and 2):
 - 1. Neoadjuvant: Dose does not exceed 395 mg/4,800 units every 3 weeks for a maximum of 3 doses;
 - 2. Adjuvant treatment: Dose does not exceed 395 mg/4,800 units every 3 weeks for a maximum of 14 doses or 790 mg/9,600 units every 6 weeks for maximum of 7 doses;
 - ii. All other indications: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

H. Microsatellite Instability-High/Mismatch Repair Deficient Cancer (must meet all):

- 1. Diagnosis of a solid tumor classified as MSI-H or dMMR (indicative of MMR gene mutation or loss of expression) (*see Appendix E for examples of solid tumors*);
- 2. Prescribed by or in consultation with an oncologist;
- 3. Member meets one of the following (a, b or c):
 - a. For Keytruda, one of the following (i or ii):
 - i. Age \geq 6 months;
 - b. Keytruda Qlex, both of the following (i and ii):
 - i. Age \geq 12 years;
 - ii. Weight $>$ 40kg;
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 4. For age \geq 6 months to $<$ 18 years, request is not for first-line therapy;
- 5. Keytruda or Keytruda Qlex is prescribed in one of the following ways (a, b or c):
 - a. As first-line or subsequent therapy for ampullary adenocarcinoma, CRC, gallbladder cancer, gastric cancer, GEJ cancer, intrahepatic/extrahepatic cholangiocarcinoma, non-nasopharyngeal head and neck cancer, occult primary tumor, pancreatic adenocarcinoma, or small bowel adenocarcinoma;
 - b. As subsequent therapy for other solid tumors;
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 6. Prescribed in one of the following ways (a, b or c):
 - a. As a single agent;

- b. For gastric or GEJ cancers: as a single agent or in combination with platinum- and fluoropyrimidine-based chemotherapy;
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
7. Request meets one of the following (a, b or c):
- a. Keytruda, one of the following (i or ii):
 - i. Adults: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - ii. Pediatrics: Dose does not exceed 2 mg/kg (up to 200 mg) every 3 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*)

Approval duration: 12 months

I. Gastric Cancer or Esophageal Cancer or Gastroesophageal Junction Cancer (must meet all):

- 1. Diagnosis of gastric or esophageal cancer or gastroesophageal junction cancer;
- 2. Prescribed by or in consultation with an oncologist;
- 3. Age \geq 18 years;
- 4. One of the following (a-c):
 - a. Disease is unresectable, locally advanced, recurrent, or metastatic or member is not a surgical candidate;
 - b. Member is planned for esophagectomy;
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 5. Member meet one of the following:
 - a. Keytruda or Keytruda Qlex is prescribed in combination with trastuzumab, fluoropyrimidine- and platinum-containing or platinum- and fluoropyrimidine-based chemotherapy and both (i and ii);
 - i. HER2-positive gastric or GEJ adenocarcinoma;
 - ii. Tumor expresses PD-L1 (CPS \geq 1);
 - b. Both of the following:
 - i. Keytruda or Keytruda Qlex is prescribed in combination with platinum- and fluoropyrimidine-based chemotherapy, and either (1 or 2):
 - 1. One of the following (a or b):
 - a. HER2-negative gastric or GEJ adenocarcinoma;
 - b. Esophageal carcinoma or GEJ squamous cell carcinoma;
 - 2. Tumor expresses PD-L1 (CPS \geq 1);
 - ii. One of the following (1 or 2):
 - 1. Failure of Tevimbra[®] at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
 - 2. Request is for treatment associated with cancer for a state with regulations against step therapy in certain oncology settings (*see Appendix G*);

- c. Keytruda or Keytruda Qlex is prescribed as a single agent after one or more prior lines of systemic therapy for members with tumors of squamous cell GEJ that express PD-L1 (CPS \geq 10) (*see Appendix B*);
- d. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 6. Request meets any of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

J. Cervical Cancer (must meet all):

- 1. Diagnosis of cervical cancer;
- 2. Prescribed by or in consultation with an oncologist;
- 3. Age \geq 18 years;
- 4. Prescribed in one of the following ways (a-e):
 - a. As a single agent, and all the following (i, ii and iii):
 - i. Tumor expresses PD-L1 (CPS \geq 1);
 - ii. Disease is recurrent or metastatic;
 - iii. Disease has progressed on or after \geq 1 line of systemic therapy (*see Appendix B*);
 - b. In combination with chemotherapy (e.g., paclitaxel/cisplatin, paclitaxel/carboplatin) with or without bevacizumab, and (i and ii)
 - i. Tumor expresses PD-L1 (CPS \geq 1);
 - ii. Disease is persistent, recurrent, or metastatic;
 - c. In combination with Tivdak[®], and all of the following (i, ii, and iii):
 - i. Tumor expresses PD-L1 (CPS \geq 1) and has not received prior immunology therapy;
 - ii. Disease is recurrent or metastatic;
 - iii. Disease has progressed on or after \geq 1 line of systemic therapy (*see Appendix B*);
 - d. In combination with CRT, and (i):
 - i. Disease is FIGO 2014 Stage III-IVA or FIGO 2018 stage III-IVA (*see Appendix F*);
 - e. Other NCCN recommendations listed as category 1, 2A, or 2B;
- 5. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

K. Hepatocellular Carcinoma (must meet all):

1. Diagnosis of HCC;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. Prescribed in one of the following ways (a, b or c):
 - a. As first-line treatment;
 - b. As subsequent-line systemic therapy, and i:
 - i. Member has not previously been treated with immune checkpoint inhibitor therapy (PD-L1/PD-1, e.g., Tecentriq, Opdivo);
**Prior authorization may be required for above agents*
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. Member has not previously been treated with immune checkpoint inhibitor therapy (PD-L1/PD-1, e.g., Tecentriq (atezolizumab), Opdivo (nivolumab));
6. Prescribed as a single agent;
7. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

L. Biliary Tract Cancer (must meet all):

1. Diagnosis of BTC;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. One of the following (a-c):
 - a. Disease is locally advanced unresectable, resected gross residual (R2) disease or metastatic;
 - b. Disease is resectable locoregionally advanced and prescribed as neoadjuvant therapy for gallbladder cancer;
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. Prescribed in one of the following ways (a or b):
 - a. In combination with gemcitabine and cisplatin;
 - b. Other NCCN recommendations listed as category 1, 2A, or 2B;
6. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

M. Merkel Cell Carcinoma (must meet all):

1. Diagnosis of Merkel cell carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Member meets one of the following (a or b):
 - a. Keytruda: Age \geq 6 months;
 - b. Keytruda Qlex, both of the following (i and ii):
 - i. Age \geq 12 years;
 - ii. Weight $>$ 40 kg;
4. Disease is one of the following (a or b):
 - a. Recurrent, locally advanced, or metastatic;
 - b. Primary clinical N0 locally advanced disease if curative surgery and curative radiation therapy (RT) are not feasible;
5. Prescribed as a single agent;
6. Request meets one of the following (a, b, or c):
 - a. Keytruda, one of the following (i or ii):
 - i. Adults: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - ii. Pediatrics: Dose does not exceed 2 mg/kg (up to 200 mg) every 3 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

N. Renal Cell Carcinoma (must meet all):

1. Diagnosis of advanced RCC;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. Prescribed in one of the following ways (a, b, c or d):
 - a. Keytruda or Keytruda Qlex: In combination with Inlyta[®] or Lenvima*, and disease is advanced (i.e., relapsed or stage IV);
**Prior authorization may be required for Inlyta and Lenvima.*
 - b. Keytruda or Keytruda Qlex: As single-agent adjuvant treatment, and member is at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions;
 - c. Keytruda: As a single agent for relapsed or stage IV disease with non-clear cell histology (off-label);
 - d. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months (combination therapy) or 12 months (monotherapy);

- c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

O. Endometrial Carcinoma (must meet all):

1. Diagnosis of EC;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. Prescribed in one of the following (a, b or c)
 - a. In combination with Lenvima* and both of the following (i and ii):
**Prior authorization may be required for Lenvima*
 - i. Disease is pMMR or not MSI-H;
**See criteria set I.G. for MSI-H/dMMR endometrial carcinoma*
 - ii. Progressed following prior systemic therapy (e.g., carboplatin/paclitaxel);
 - b. In combination with carboplatin and paclitaxel and continued as a single agent for maintenance therapy for recurrent or Stage III-IV tumor;
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

P. Tumor Mutational Burden-High Cancer (must meet all):

1. Diagnosis of a solid tumor classified as TMB-H (i.e., \geq 10 mutations/megabase [mut/Mb]) (*see Appendix E for examples of TMB-H solid tumors*);
2. Prescribed by or in consultation with an oncologist;
3. Member meets one of the following (a or b):
 - a. Keytruda: Age \geq 6 months;
 - b. Keytruda Qlex, both of the following (i or ii):
 - i. Age \geq 12 years;
 - ii. Weight $>$ 40kg;
4. Disease is unresectable, locally advanced or metastatic;
5. One of the following (a, b or c):
 - a. Disease has progressed following prior treatment;
 - b. Prescribed as a first-line therapy for ampullary adenocarcinoma or pancreatic adenocarcinoma;
 - c. Other NCCN recommendations listed as category 1, 2A, or 2B;
6. Prescribed as a single agent;
7. Request meets one of the following (a, b, or c):
 - a. Keytruda, one of the following (i or ii):
 - i. Adults: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;

- ii. Pediatrics: Dose does not exceed 2 mg/kg up to 200 mg every 3 weeks for a maximum of 24 months;
- b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
- c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

Q. Cutaneous Squamous Cell Carcinoma (must meet all):

1. Diagnosis of cSCC;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. One of the following (a or b):
 - a. Member is not a candidate for curative surgery or radiation;
 - b. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. Prescribed as a single agent;
6. Request meets one of the following (a, b or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

R. Triple Negative Breast Cancer (must meet all):

1. Diagnosis of locally or regional recurrent unresectable or locally advanced TNBC (i.e., estrogen receptor/progesterone receptor (ER/PR) negative, human epidermal growth factor receptor 2 (HER2)-negative));
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. One of the following (a-d):
 - a. Disease is high-risk early-stage (*see Appendix F*), and:
 - i. Prescribed in combination with chemotherapy (e.g., carboplatin, paclitaxel, doxorubicin, cyclophosphamide) as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery;
 - b. Disease is locally recurrent unresectable or metastatic, and both of the following (i and ii):
 - i. Tumor expresses PD-L1 (CPS \geq 10);
 - ii. Prescribed in combination with chemotherapy (e.g., paclitaxel, paclitaxel protein-bound, gemcitabine and carboplatin);
 - c. Prescribed as preoperative systemic therapy in combination with carboplatin and docetaxel;
 - d. Other NCCN recommendations listed as category 1, 2A, or 2B;
5. Request meets one of the following (a, b or c):

- a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of (i or ii):
 - i. High-risk, early-stage TNBC: 24 weeks as neoadjuvant therapy and 27 weeks as adjuvant therapy;
 - ii. Locally recurrent unresectable or metastatic TNBC: 24 months;
- b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of (i or ii):
 - i. High-risk, early-stage TNBC: 24 weeks as neoadjuvant therapy and 27 weeks as adjuvant therapy;
 - ii. Locally recurrent unresectable or metastatic TNBC: 24 months;
- c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

S. Ovarian Cancer (must meet all):

1. Diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 18 years;
4. Disease is platinum-resistant (i.e., cancer returns less than 6 months after finishing platinum-based chemotherapy);
5. Member has received 1 or 2 prior lines of systemic therapy;
6. Prescribed in one of the following ways (a or b):
 - a. In combination with paclitaxel, and tumor expresses PD-L1 (CPS \geq 1);
 - b. In combination with cyclophosphamide and bevacizumab (*off-label*);
7. Request meets one of the following (a, b, or c):
 - a. Keytruda: Dose does not exceed 200 mg every 3 weeks or 400 mg every 6 weeks for a maximum of 24 months;
 - b. Keytruda Qlex: Dose does not exceed 395 mg/4,800 units every 3 weeks or 790 mg/9,600 units every 6 weeks for a maximum of 24 months;
 - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

T. Pediatric Glioma (off-label) (must meet all):

1. Diagnosis of hypermutant tumor diffuse high-grade glioma;
2. Prescribed by or in consultation with an oncologist;
3. Age \geq 6 months and $<$ 18 years;
4. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

U. NCCN Recommended Uses (off-label) (must meet all):

1. Diagnosis of one of the following (a, b, c or d):
 - a. Request is for Keytruda prescribed as first-line or subsequent therapy:
 - i. Central nervous system (CNS) cancer (e.g., brain metastases);

- ii. Stage IA - III mycosis fungoides;
- iii. Stage IV Sezary syndrome;
- iv. Unresectable or metastatic adrenocortical carcinoma;
- v. Alveolar soft part sarcoma;
- vi. Angiosarcoma;
- vii. Thymic carcinoma, and prescribed as a single agent;
- viii. Thyroid carcinoma;
- ix. Metastatic anaplastic carcinoma;
- x. Vaginal cancer;
- xi. Peritoneal mesothelioma, and prescribed in combination with platinum-containing chemotherapy and pemetrexed;
- xii. Recurrent or metastatic penile cancer, and prescribed in combination with fluorouracil and platinum-containing chemotherapy;
- b. Request is for Keytruda prescribed as single-agent subsequent therapy:
 - i. Metastatic anal carcinoma, and member has not previously received Keytruda or Opdivo;
 - ii. Gestational trophoblastic neoplasia;
 - iii. Extranodal NK/T-cell lymphoma, nasal type;
 - iv. Advanced, recurrent, or metastatic PD-L1-positive (CPS \geq 1) vulvar carcinoma;
 - v. Relapsed or refractory cutaneous anaplastic large cell lymphoma;
 - vi. Relapsed or primary progressive small cell lung cancer;
 - vii. Kaposi Sarcoma;
 - viii. Soft tissue sarcoma subtypes: Myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), dedifferentiated liposarcoma, cutaneous angiosarcoma, and undifferentiated sarcomas;
- c. Request is for Keytruda Qlex prescribed as first-line or subsequent therapy:
 - i. Thymic carcinoma, and prescribed as a single agent;
 - ii. Peritoneal mesothelioma, and prescribed in combination with platinum-containing chemotherapy and pemetrexed;
- d. Other category 1, 2A, or 2B NCCN-recommended uses not listed;
- 2. Prescribed by or in consultation with an oncologist;
- 3. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

V. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. All Indications in Section I (must meet all):

- 1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.PHARM.01) applies;
- 2. For cHL, PMBCL, and other off-label indications (see Section I.U), request is for Keytruda;

3. Member is responding positively to therapy;
4. Member has NOT received the maximum duration of therapy as described below (a-f):
 - a. Adjuvant melanoma treatment or RCC monotherapy: up to 12 months;
 - b. For high-risk, early stage TNBC: up to 24 weeks if neoadjuvant treatment, followed by 27 weeks as adjuvant treatment
 - c. NSCLC, one of the following (a, b, or c):
 - i. 24 months;
 - ii. 12 months if adjuvant treatment;
 - iii. 12 weeks if neoadjuvant, followed by 39 weeks of adjuvant treatment;
 - d. HNSCC, one of the following (i, iii, or iii):
 - i. Neoadjuvant treatment: 6 weeks;
 - ii. Adjuvant treatment: 1 year;
 - iii. All other requests: 24 months;
 - e. MIBC, one of the following (i or ii):
 - i. Neoadjuvant treatment: 3 doses;
 - ii. Adjuvant treatment: 14 doses for every 3 week regimen or 7 doses for every 6 week regimen;
 - f. All other FDA-approved indications: up to 24 months
5. If request is for a dose increase, request meets one of the following (a, b, or c):
 - a. Keytruda (i or ii):
 - i. Adults (1 or 2)
 - 1) New dose does not exceed 200 mg every 3 weeks;
 - 2) New dose does not exceed 400 mg every 6 weeks;
 - ii. Pediatrics: New dose does not exceed 2 mg/kg up to 200 mg every 3 weeks;
 - b. Keytruda Qlex (i or ii):
 - i. New dose does not exceed 395 mg/4,800 units every 3 weeks;
 - ii. New dose does not exceed 790 mg/9,600 units every 6 weeks;
 - c. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies; or
2. Refer to PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, use policy – PA.CP.PMN.53;
- B. Pediatric patients with MSI-H or TMB-H central nervous cancers

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ALK: anaplastic lymphoma kinase	MCC: Merkel cell carcinoma
BCG: Bacillus Calmette-Guerin	MPM: malignant pleural mesothelioma
BTC: biliary tract cancer	MSI-H: microsatellite instability-high
cHL: classical Hodgkin lymphoma	mut/Mb: mutations/megabase
CIS: carcinoma in situ	NCCN: National Comprehensive Cancer Network
CNS: central nervous system	NMIBC: non-muscle invasive bladder cancer
CPS: combined positive score	NSCLC: non-small cell lung cancer
CRC: colorectal cancer	PD-1: programmed death protein 1
CRT: chemoradiotherapy	PD-L1: programmed death-ligand 1
cSCC: cutaneous squamous cell carcinoma	PMBCL: primary mediastinal large B-cell lymphoma
dMMR: mismatch repair deficient	pMMR: mismatch repair proficient
EGFR: epidermal growth factor receptor	RCC: renal cell carcinoma
EC: endometrial carcinoma	ROS1: ROS proto-oncogene 1
FDA: Food and Drug Administration	TMB-H: tumor mutational burden-high
GEJ: gastroesophageal junction	TNBC: triple-negative breast cancer
HCC: hepatocellular carcinoma	TPS: tumor proportion score
HER2: human epidermal growth factor receptor 2	
HNSCC: head and neck squamous cell carcinoma	

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
<p>Section I.B: Non-Small Cell Lung Cancer Examples of drugs used in combination with Keytruda:</p> <ul style="list-style-type: none"> • Carboplatin, cisplatin, pemetrexed, paclitaxel <p>Examples of targeted therapies:</p> <ul style="list-style-type: none"> • EGFR S768I, L861Q, and/or G719X targeted therapies: afatinib, osimertinib, erlotinib, gefitinib, dacomitinib • EGFR exon 19 deletion or L858R targeted therapies: erlotinib ± (ramucirumab or bevacizumab), afatinib, gefitinib, osimertinib, dacomitinib, or amivantamab-vmjw + lazertinib • ROS1 targeted therapies: crizotinib, entrectinib, repotrectinib • ALK rearrangement targeted therapies: crizotinib, ceritinib, alectinib, brigatinib, lorlatinib 	Varies	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
<p>Section I.D: Head and Neck Squamous Cell Carcinoma Nasopharyngeal carcinoma (NPC)</p> <ul style="list-style-type: none"> Loqtorzi (toripalimab-tpzi) 	<p><u>First-line treatment for NPC:</u> 240 mg IV every three weeks up to 24 months in combination with cisplatin and gemcitabine</p> <p><u>Previously treated, unresectable or metastatic NPC</u> 3 mg/kg IV every two weeks</p>	<p><u>First-line treatment for NPC:</u> 240 mg/3 weeks</p> <p><u>Previously treated, unresectable or metastatic NPC</u> 3 mg/kg every two weeks</p>
<p>Section I.E: Classical Hodgkin Lymphoma Adults: Examples of chemotherapy regimens:</p> <ul style="list-style-type: none"> ABVD (doxorubicin, bleomycin, vinblastine, dacarbazine) Stanford V (doxorubicin, vinblastine, mechlorethamine, etoposide, vincristine, bleomycin, prednisone) BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone) Brentuximab vedotin + AVD (doxorubicin, vinblastine, dacarbazine) <p>Pediatrics: Examples of chemotherapy regimens</p> <ul style="list-style-type: none"> AVPC (doxorubicin, vincristine, prednisone, cyclophosphamide) ABVE-PC (doxorubicin, bleomycin, vincristine, etoposide, prednisone, cyclophosphamide) Brentuximab vedotin + bendamustine ICE (ifosfamide, carboplatin, etoposide) 	<p>Varies</p>	<p>Varies</p>
<p>Section I.F: Primary Mediastinal Large B-Cell Lymphoma Examples of drugs used in single- or multi-drug chemotherapy regimens:</p>	<p>Varies</p>	<p>Varies</p>

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
<ul style="list-style-type: none"> Bendamustine, brentuximab vedotin, carboplatin, cisplatin, cyclophosphamide, cytarabine, dexamethasone, doxorubicin, etoposide, gemcitabine, ibrutinib, ifosfamide, lenalidomide, mesna, mitoxantrone, methylprednisolone, oxaliplatin, prednisone, procarbazine, rituximab, vincristine, vinorelbine* <p><i>*Various combinations of the listed drugs are components of the following chemotherapy regimens: CEOP, CEPP, DHAP, DHAX, EPOCH-R, ESHAP, GDP, GemOx, ICE, MINE, RCDOP, RCEOP, RCEPP, RCHOP, RGCVP</i></p>		
<p>Section I.G: Urothelial Carcinoma TICE® BCG (attenuated, live culture preparation of the Bacillus of Calmette and Guerin strain of <i>Mycobacterium bovis</i> for <i>intravesical</i> use).</p> <p>References for BCG dosing, dosing in the setting of a BCG shortage, and BCG shortage status are listed below and at Appendix D: 1. TICE BCG package insert: https://www.fda.gov/vaccines-blood-biologics/vaccines/tice-bcg 2. American Urological Association: Important message about the BCG shortage: https://www.auanet.org/about-us/bcg-shortage-info 3. Centers for Disease Control’s current shortages page: https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/cber-regulated-products-current-shortages</p>	Varies	Varies
<p>Section I.I: Gastric, EGJ, and Esophageal Cancer Examples of drugs used in single- or multi-drug chemotherapy regimens:*</p> <ul style="list-style-type: none"> Cisplatin, carboplatin, oxaliplatin, paclitaxel, docetaxel, fluorouracil, capecitabine, irinotecan, leucovorin, epirubicin, ramucirumab (for EGJ adenocarcinoma or esophageal adenocarcinoma only) <p><i>*Trastuzumab may be added to some chemotherapy regimens for HER2 overexpression.</i></p>	Varies	Varies
<p>Section I.I: Gastric, EGJ, and Esophageal Cancer Tevimbra (tislelizumab-jsgr)</p>	200 mg IV on Day 1 of every 3-week cycle	See regimen
<p>Section I.J: Cervical Cancer Examples of drugs used in single- or multi-drug chemotherapy regimens:</p> <ul style="list-style-type: none"> Cisplatin, carboplatin, paclitaxel, docetaxel, bevacizumab, topotecan, fluorouracil, gemcitabine, ifosfamide, irinotecan, topotecan, mitomycin, pemetrexed, vinorelbine 	Varies	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
<p>Examples of CRT regimens:</p> <ul style="list-style-type: none"> • Cisplatin plus external beam radiation therapy (EBRT), followed by brachytherapy (BT) 		
<p>Section I.K: Hepatocellular Carcinoma Nexavar (sorafenib)</p>	400 mg PO BID	800 mg/day
<p>Section I.K: Hepatocellular Carcinoma Lenvima (lenvatinib)</p>	12 mg PO QD (patients ≥ 60 kg) or 8 mg PO QD (patients < 60 kg)	12 mg/day
<p>Section I.K: Hepatocellular Carcinoma Stivarga (regorafenib)</p>	160 mg PO QD for the first 21 days of each 28-day cycle	160 mg/day on days 1 to 21, every 28 days
<p>Section I.K: Hepatocellular Carcinoma Cabometyx (cabozantinib)</p>	60 mg PO QD	60 mg/day
<p>Section I.O: Endometrial Carcinoma Examples of chemotherapy regimens:*</p> <ul style="list-style-type: none"> • Carboplatin/paclitaxel, cisplatin/docetaxel, cisplatin/doxorubicin, carboplatin/paclitaxel/bevacizumab, carboplatin/paclitaxel/trastuzumab, ifosfamide/paclitaxel, cisplatin/ifosfamide, everolimus/letrozole, temsirolimus, Keytruda (pembrolizumab) <p><i>*Individual drugs used in combination regimens may also be used as monotherapy (refer to NCCN Uterine Neoplasms Guidelines)</i></p>	Varies	Varies
<p>Section I.O: Endometrial Carcinoma Examples of chemotherapy regimens:*</p> <ul style="list-style-type: none"> • Carboplatin/paclitaxel, cisplatin/docetaxel, cisplatin/doxorubicin, carboplatin/paclitaxel/bevacizumab, carboplatin/paclitaxel/trastuzumab, ifosfamide/paclitaxel, cisplatin/ifosfamide, everolimus/letrozole, temsirolimus, Keytruda (pembrolizumab) <p><i>*Individual drugs used in combination regimens may also be used as monotherapy (refer to NCCN Uterine Neoplasms Guidelines)</i></p>	Varies	Varies
<p>Section I.S: Ovarian Cancer Examples of chemotherapy regimens:</p>	Varies	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Carboplatin/paclitaxel ± bevacizumab, paclitaxel/cisplatin, carboplatin/doxorubicin, docetaxel/carboplatin ± bevacizumab, fluorouracil/oxaliplatin/leucovorin ± bevacizumab, capecitabine/oxaliplatin ± bevacizumab, cyclophosphamide/bevacizumab, docetaxel, etoposide, gemcitabine, doxorubicin ± bevacizumab, topotecan, capecitabine, pemetrexed, vinorelbine, ifosfamide, irinotecan, melphalan		

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: Keytruda Therapy for Urinary Bladder CIS in the Event of a BCG Shortage

- National Comprehensive Cancer Network (NCCN) information and recommendations:
 - Standard urinary bladder CIS therapy includes lesion resection followed by intravesical BCG.
 - The NCCN advises that in the event of a BCG shortage, BCG should be prioritized for induction of high-risk patients (e.g., high-grade T1 and CIS) and that, if feasible, the dose of BCG may be split (1/3 or 1/2 dose) so that multiple patients may be treated with a single vial in the event of a shortage.
 - If BCG is unavailable, the NCCN recommends the following alternatives:
 - Intravesical chemotherapy agents as first-line and subsequent therapy (e.g., gemcitabine, mitomycin, epirubicin, valrubicin, docetaxel, sequential gemcitabine/docetaxel, gemcitabine/mitomycin);
 - Initial radical cystectomy if patient is a surgical candidate.
 - The NCCN recommendations do not include off-label use of Keytruda as first-line or subsequent therapy in the absence of BCG failure.
- In its BCG June 2020 supply update sent to providers, Merck confirms a path forward to expand BCG manufacturing but cautions that the expansion could take years to fully realize. Merck directs providers to their wholesalers and distributors for supply questions and also provides its National Service Center number (800-672-6372) for additional information.

1. *National Comprehensive Cancer Network Guidelines. Bladder Cancer Version 5.2020. Available at https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed July 10, 2020.*

2. *Merck Supply Update: TICE BCG BCG LIVE (for intravesical use). June 2020.*

Appendix E: Examples of Solid Tumors per Pivotal Trials by “N” (descending)

MSI-H Solid Tumors	TMB-H Solid Tumors
CRC	SCLC
Endometrial cancer	Cervical cancer
Biliary cancer	Endometrial cancer

MSI-H Solid Tumors	TMB-H Solid Tumors
Gastric or GE junction cancer	Mesothelioma cancer
Pancreatic cancer	Anal cancer
Small intestinal cancer	Vulvar cancer
Breast cancer	Neuroendocrine cancer
Prostate cancer	Salivary cancer
Bladder cancer	Thyroid cancer
Esophageal cancer	<i>Additional examples - NCCN compendium:</i> Adrenal tumor, ampullary adenocarcinoma, breast cancer, ovarian / fallopian tube / primary peritoneal cancer, chondroma, chondrosarcoma, head and neck cancer, Ewing sarcoma, nasopharynx cancer, occult primary carcinoma, osteosarcoma, pancreatic cancer, prostate cancer, testicular cancer, small bowel adenocarcinoma, soft tissue sarcoma, uterine sarcoma, vaginal cancer
Sarcoma	
Thyroid cancer	
Retroperitoneal adenocarcinoma	
Small cell lung cancer	
Renal cell cancer	
<i>Additional examples - NCCN compendium:</i> Adrenal tumor, ampullary adenocarcinoma, cervical / vulvar / ovarian / fallopian tube / primary peritoneal cancer, chondrosarcoma, chondroma, Ewing sarcoma, head and neck cancer, hepatocellular carcinoma, neuroendocrine cancer, occult primary carcinoma, osteosarcoma, penile cancer, small bowel adenocarcinoma, testicular cancer, vaginal cancer	

Appendix F: General Information

- High-risk early-stage TNBC was defined as tumor size > 1 cm but ≤ 2 cm in diameter with nodal involvement or tumor size > 2 cm in diameter regardless of nodal involvement in the pivotal KEYNOTE-522 study.
- Although Keytruda’s approval for small cell lung cancer was withdrawn due to lack improvement in overall survival in phase 3 randomized trial data, the NCCN continues to recommend this use, stating that “pembrolizumab [is] just as effective as, and sometimes better than, the other subsequent therapy options.”
- Per NCCN, contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented autoimmune disease and/or current use of

immunosuppressive agents, or presence of an oncogene (i.e., EGFR exon 19 deletion or exon 21 L858R, ALK rearrangements), which has been shown to be associated with less benefit.

- FIGO 2014 and 2018 stages:
 - FIGO 2014 Stage III-IVA locally advanced cervical cancer is defined as tumor involvement of the lower third of the vagina, with or without extension onto pelvic sidewall, or hydronephrosis/non-functioning kidney, or spread to adjacent pelvic organs.
 - FIGO 2018 contains a new stage category (IIIC) with the presence of micrometastasis. FIGO 2018 IIIC is defined as involvement of pelvic and/or para-aortic lymph nodes (including micrometastases), irrespective of tumor size and extent

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Pembrolizumab (Keytruda)	Pediatrics		
	cHL, PMBCL, MSI-H cancer, MCC, TMB-H cancer	2 mg/kg IV every 3 weeks up to 24 months	200 mg every 3 weeks
	Melanoma	2 mg/kg IV every 3 weeks up to 12 months	200 mg every 3 weeks
	Adults		
	Melanoma	200 mg IV every 3 weeks OR 400 mg every 6 weeks If adjuvant therapy up to 12 months	200 mg every 3 weeks OR 400 mg every 6 weeks
	NSCLC	200 mg IV every 3 weeks OR 400 mg every 6 weeks up to 24 months* OR up to 12 months for adjuvant treatment** OR 12 weeks for neoadjuvant treatment*** followed by adjuvant treatment for 39 weeks** *As single-agent therapy or in combination with chemotherapy **As single-agent therapy *** In combination with chemotherapy	200 mg every 3 weeks OR 400 mg every 6 weeks
HNSCC, MPM, cHL, PMBCL, urothelial carcinoma, MSI-H or dMMR cancer	200 mg IV every 3 weeks OR 400 mg every 6 weeks up to 24 months*	200 mg every 3 weeks OR 400 mg every 6 weeks	

Drug Name	Indication	Dosing Regimen	Maximum Dose
	(including endometrial carcinoma), gastric cancer, esophageal cancer cervical cancer, HCC, BTC, MCC, TMB-H cancer, cSCC	<p><i>*For esophageal cancer, gastric cancer, or HNSCC: as single-agent therapy or in combination with chemotherapy.</i></p> <p><i>For cervical cancer: as single-agent therapy or in combination with chemotherapy or CRT</i></p> <p><i>For urothelial carcinoma: as single-agent therapy or in combination with Padcev.</i></p> <p><i>For BTC, MPM: in combination with chemotherapy</i></p>	
	RCC (combination therapy)	200 mg IV every 3 weeks OR 400 mg every 6 weeks in combination with axitinib or lenvatinib up to 24 months	200 mg every 3 weeks OR 400 mg every 6 weeks
	RCC (monotherapy)	200 mg IV every 3 weeks OR 400 mg every 6 weeks for up to 12 months	200 mg every 3 weeks OR 400 mg every 6 weeks
	Endometrial Carcinoma (combination therapy)	200 mg IV every 3 weeks OR 400 mg every 6 weeks prior to carboplatin and paclitaxel when given on the same day or in combination with lenvatinib, up to 24 months	200 mg every 3 weeks OR 400 mg every 6 weeks
	TNBC	<p>200 mg IV every 3 weeks OR 400 mg every 6 weeks* for the following durations:</p> <ul style="list-style-type: none"> • High-risk early-stage TNBC – neoadjuvant: 24 weeks • High-risk early-stage TNBC – adjuvant: 27 weeks • Locally recurrent unresectable metastatic TNBC: 24 months <p><i>*In combination with chemotherapy for high-risk early-stage TNBC when used as neoadjuvant treatment and for locally recurrent unresectable or metastatic TNBC.</i></p>	200 mg every 3 weeks OR 400 mg every 6 weeks
	MIBC	<ul style="list-style-type: none"> • Neoadjuvant: 200 mg every 3 weeks for 3 doses in combination with enfortumab vedotin 	200 mg every 3 weeks OR 400 mg every 6 weeks

Drug Name	Indication	Dosing Regimen	Maximum Dose
		<ul style="list-style-type: none"> Adjuvant: 200 mg every 3 weeks for 14 doses or 400 mg every 6 weeks for 7 doses in combination with enfortumab vedotin 	
	Ovarian cancer	<ul style="list-style-type: none"> 200 mg IV every 3 weeks OR 400 mg every 6 weeks prior to paclitaxel with or without bevacizumab when given on the same day, up to 24 months 	200 mg every 3 weeks OR 400 mg every 6 weeks
Pembrolizumab/ berahyaluronidase alfa-pmph (Keytruda Qlex)	<i>Pediatrics</i>		
	MSI-H or dMMR cancer, MCC, TMB-H cancer	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks up to 24 months	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	Melanoma	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks up to 12 months	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	<i>Adults</i>		
	Melanoma	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks If adjuvant therapy up to 12 months	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	HNSCC	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks up to 24 months* <i>*As single-agent therapy or in combination with chemotherapy</i>	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	NSCLC	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks for the following durations: up to 24 months* OR up to 12 months for adjuvant treatment** OR 12 weeks for neoadjuvant treatment*** followed by adjuvant treatment for 39 weeks**	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks

Drug Name	Indication	Dosing Regimen	Maximum Dose
		<p><i>*As single-agent therapy or in combination with chemotherapy</i></p> <p><i>**As single-agent therapy</i></p> <p><i>*** In combination with chemotherapy</i></p>	
	MPM, urothelial carcinoma, MSI-H or dMMR cancer (including endometrial carcinoma), gastric cancer, esophageal cancer, cervical cancer, HCC, BTC, MCC, TMB-H cancer, cSCC	<p>395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks up to 24 months*</p> <p><i>*Esophageal cancer or gastric cancer: as single-agent therapy or in combination with chemotherapy</i></p> <p><i>For cervical cancer: as single-agent therapy or in combination with chemotherapy or CRT</i></p> <p><i>For urothelial carcinoma: as single-agent therapy or in combination with Padcev.</i></p> <p><i>For BTC, MPM: in combination with chemotherapy</i></p>	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	RCC (combination therapy)	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks in combination with axitinib or lenvatinib up to 24 months	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
Pembrolizumab/ berahyaluronidase alfa-pmph (Keytruda Qlex)	RCC (monotherapy)	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks for up to 12 months	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	Endometrial carcinoma (combination therapy)	395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks prior to carboplatin and paclitaxel when given on the same day or in combination with lenvatinib, up to 24 months	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	TNBC	<p>395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks* for the following durations:</p> <ul style="list-style-type: none"> • High-risk early-stage TNBC – neoadjuvant: 24 weeks • High-risk early-stage TNBC – adjuvant: 27 weeks 	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks

Drug Name	Indication	Dosing Regimen	Maximum Dose
		<ul style="list-style-type: none"> Locally recurrent unresectable metastatic TNBC: 24 months <p><i>*In combination with chemotherapy for high-risk early-stage TNBC when used as neoadjuvant treatment and for locally recurrent unresectable or metastatic TNBC.</i></p>	
	MIBC	<ul style="list-style-type: none"> Neoadjuvant: 395 mg/4,800 units every 3 weeks for 3 doses in combination with enfortumab vedotin Adjuvant: 395 mg/4,800 units every 3 weeks for 14 doses or 790 mg/9,600 units every 6 weeks for 7 doses in combination with enfortumab vedotin 	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks
	Ovarian cancer	<ul style="list-style-type: none"> 395 mg/4,800 units SC every 3 weeks OR 790 mg/9,600 units SC every 6 weeks prior to paclitaxel with or without bevacizumab when given on the same day, up to 24 months 	395 mg/4,800 units every 3 weeks OR 790 mg/9,600 units every 6 weeks

VI. Product Availability

Drug Name	Availability
Pembrolizumab (Keytruda)	Solution, single-dose vial: 100 mg/4 mL
Pembrolizumab/berahyaluronidase alfa-pmph (Keytruda Qlex)	Single-dose vials: <ul style="list-style-type: none"> 395 mg pembrolizumab and 4,800 units berahyaluronidase alfa per 2.4 mL 790 mg pembrolizumab and 9,600 units berahyaluronidase alfa per 4.8 mL

VII. References

1. Keytruda Prescribing Information. Rahway, NJ: Merck and Co.; February 2026. Available at http://www.merck.com/product/usa/pi_circulars/k/keytruda/keytruda_pi.pdf. Accessed February 20, 2026.
2. [Keytruda Qlex Prescribing Information](https://www.merck.com/product/usa/pi_circulars/k/keytruda_qlex/keytruda_qlex_pi.pdf). Rahway, NJ: Merck and Co., Inc; February 2026. Available at: https://www.merck.com/product/usa/pi_circulars/k/keytruda_qlex/keytruda_qlex_pi.pdf. Accessed February 20, 2026.

3. Keytruda. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at https://www.nccn.org/professionals/drug_compendium/content/. Accessed [May 23, 2025](#).
4. Keytruda Qlex. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at https://www.nccn.org/professionals/drug_compendium/content/. Accessed [October 7, 2025](#).
5. Salem ME, Puccini A, Grothey A, et al. Landscape of tumor mutation load, mismatch repair deficiency, and PD-L1 expression in a large patient cohort of gastrointestinal cancers. *Molecular cancer research: MCR*. 2018;16(5):805-812. <https://pubmed.ncbi.nlm.nih.gov/29523759/>

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9271	Injection, Pembrolizumab, 1mg
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph

Reviews, Revisions, and Approvals	Date
Added max dose requirement to both initial and re-auth criteria. Increased all approval durations from 3/6 months to 6/12 months. Removed reasons to discontinue. Added requirement for documentation of positive response to therapy. References reviewed and updated.	02/2018
1Q 2019 Criteria added for new FDA indications HCC and as first-line therapy for metastatic squamous NSCLC in combination with chemotherapy; re-added criteria for PMBCL as previously approved; referenced reviewed and updated.	01/2019
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/2019
<ul style="list-style-type: none"> • FDA Approved Indication(s) section updated; • Cervical Cancer Criteria changes: <ul style="list-style-type: none"> ○ Added reference to Appendix B for examples of systemic therapy ○ Added treatment duration limitation of 24 months • Melanoma criteria changes: <ul style="list-style-type: none"> ○ Removed off-label designation for uveal melanoma ○ Added age restriction to 18 yr and older ○ Added lymph node positive disease for coverage ○ Added treatment duration limitation of 12 months for adjuvant treatment • NSCLC criteria changes: <ul style="list-style-type: none"> ○ Added age restriction to 18 yr and older 	04/2020

Reviews, Revisions, and Approvals	Date
<ul style="list-style-type: none"> ○ Added advanced disease for coverage ○ Added single-agent therapy for brain metastasis per NCCN ○ Removed histology requirements ○ Mutational status requirements are limited to EGFR and ALK per the FDA label for primary therapy and to the additional NCCN directed requirement of prior ROS1 targeted therapy ○ Subsequent therapy requirement for platinum-based chemotherapy when TPS \geq 1% is removed since Keytruda is now FDA-approved as first-line therapy when TPS \geq 1% ● Criteria added for Small Cell Lung Cancer ● HNSCC criteria changes: <ul style="list-style-type: none"> ○ Clarified subtypes by location ○ Added oncologist prescriber limitation ○ Added age restriction to 18 yr and older ○ Revised to include first-line combination therapy and first-line single-agent therapy, the latter if PD-L1 \geq 1. ○ Disease characteristics for HNSCC are updated from recurrent or metastatic, to unresectable, recurrent or metastatic ○ Added treatment duration limitation of 24 months ● cHL criteria changes: <ul style="list-style-type: none"> ○ Added oncologist, hematologist prescriber limitation ○ Lowered age restriction to \geq 2 years ○ Added reference to Appendix B for examples of systemic therapy ○ Revised dosing regimens to adult and pediatric dosing ● Urothelial Carcinoma criteria changes: <ul style="list-style-type: none"> ○ Added urologist to allowed prescribers ○ Added age restriction to 18 yr and older ○ Progression as a response to platinum therapy is removed as response may include persistence or partial response ○ Added criterion for BCG-unresponsive, high-risk, NMIBC with CIS ○ Added treatment duration limitation of 24 months ● MSI-H or dMMR criteria changes: <ul style="list-style-type: none"> ○ Added reference to Appendix D for examples of solid tumors listed in the NCCN compendium and FDA label ○ Added age restriction to \geq 2 years ○ Subsequent therapy requirement is removed where recommended per NCCN ○ Disease characteristics (e.g., metastatic) are removed to encompass NCCN recommended uses ● Gastric, EGJ, or esophageal adenocarcinoma criteria changes: <ul style="list-style-type: none"> ○ Added age restriction to 18 yr and older 	

Reviews, Revisions, and Approvals	Date
<ul style="list-style-type: none"> ○ Clarified to include unresectable disease ○ Added reference to Appendix B for examples of systemic therapy ○ Added treatment duration limitation of 24 months ● Added criteria set for Esophageal Squamous Cell Carcinoma ● PMBCL criteria changes: <ul style="list-style-type: none"> ○ Added reference to Appendix B for examples of systemic therapy ○ Revised dosing regimens to adult and pediatric dosing ● HCC criteria changes: <ul style="list-style-type: none"> ○ Add treatment duration limitation of 24 months ● MCC criteria changes: <ul style="list-style-type: none"> ○ Removed Off-label designation ○ Lowered age restriction to ≥ 2 years ○ Added criterion to indicate use in recurrent, locally advanced, or metastatic disease ○ Revised dosing regimens to adult and pediatric dosing ● Added criteria set for Renal Cell Carcinoma ● Add criteria set for Endometrial Carcinoma ● Add criteria set for NCCN recommended Uses (off-label) ● Revised dosing regimens under continued approval to align with individual indications ● Appendices updated ● Section IV. Dosage and Administration updated ● Product Availability section updated ● References reviewed and updated 	
<p>3Q 2020 annual review: new FDA approved dosing of 400 mg every 6 weeks added to all labeled adult indications; NSCLC: first-line removed from combination with chemotherapy per NCCN; brain metastasis moved under PD-L1 positive disease per NCCN; SCLC: relapsed disease added per NCCN; cHL: Keytruda as single-agent therapy added per NCCN; HNSCC: first-line therapy requirement removed from combination platinum/FU therapy per NCCN; MSI-H/dMMR tumors: first-line therapy for occult primary tumor and small bowel added per NCCN; HCC: Child-Pugh Class A added per NCCN/pivotal trial with no prior checkpoint inhibitor therapy caveat per NCCN; three new FDA approved indications added: 1) MSI-H/dMMR CRC first-line (adults), 2) TMB-H (adults/pediatrics), 3) cSCC (adults); NCCN off-label Keytruda use as first-line for MSI-H tumors is limited to adults; NCCN off-label criteria set is limited to adults; endometrial carcinoma criteria set is limited to 24 months of therapy; MSI-H/TMB-H CNS tumors excluded for pediatrics per PI; indication table added with directives to MSI-H/TMB-H criteria sets for appropriate cancers; BCG appendix D added; TMB-H solid tumor examples added to</p>	07/2020

Reviews, Revisions, and Approvals	Date
appendix E; references reviewed and updated; references reviewed and updated.	
3Q 2021 annual review: FDA cHL label updated from relapsed disease after 3 lines of therapy to after 1 line of therapy (adults) or 2 lines of therapy (pediatrics); new NCCN pediatric cHL guideline added to reference section; new FDA-approved TNBC indication added; for HCC, Lenvima added as a prior therapy option per NCCN. Newly approved indication of esophageal/GEJ junction carcinoma and new indication for combo use for 1st line gastric or GEJ adenocarcinoma were added AND removal of SCLC indication; references reviewed and updated.	07/2021
3Q 2022 annual review: RT4: updated FDA Approved Indication(s) section to include newly approved indication for use as monotherapy for MSI-H or dMMR endometrial carcinoma (no change to criteria required); revisions per NCCN – melanoma: added requirement for use as a single agent or in combination with Lenvima or Yervoy; NSCLC: added requirement for no contraindications to PD-1/PD-L1 inhibitors, clarified criteria regarding disease mutation status (disease should be negative for actionable biomarkers and prior targeted therapy is now required only for ROS1 and EGFR S768I, L861Q, and/or G719X mutations), added pathway for use as single-agent continuation maintenance therapy if previously given first line as part of a chemotherapy regimen; HNSCC: added pathway for combination use with docetaxel or gemcitabine; cHL: added pathway for combination use with GVD in adults; cSCC, HCC, PMBCL: added requirement for use as a single agent; urothelial carcinoma: added requirement for use as a single agent for locally advanced or metastatic disease in members who are ineligible for or have previously received platinum-containing chemotherapy; MSI-H/dMMR cancers: added additional cancers for which Keytruda may be used first line (ampullary adenocarcinoma, non-nasopharyngeal head and neck cancer, pancreatic adenocarcinoma), removed requirement for oxaliplatin contraindication for small bowel adenocarcinoma, added requirement for use as a single agent; RCC: added requirement for use as a single agent for adjuvant treatment; TMB-H cancer: added pathway for use as first-line for ampullary adenocarcinoma or pancreatic adenocarcinoma, added requirement for use as a single agent; off-label uses: added additional coverable cancers (adrenocortical carcinoma, alveolar soft part sarcoma, anaplastic large cell lymphoma, small cell lung cancer), added pathway for use as first line for thymic carcinoma, removed use for malignant pleural mesothelioma, updated mycosis fungoides to allow stage IIB, updated anal carcinoma to require no prior treatment with Keytruda or Opdivo, updated cancers where Keytruda is to be used only as subsequent therapy to require use as a single agent, updated extranodal NK/T-cell lymphoma to remove nasal type specification; references reviewed and updated.	07/2022
RT4: added criteria for newly FDA approved indication of single-agent adjuvant therapy for NSCLC, added “as determined by an FDA-approved test”	04/2023

Reviews, Revisions, and Approvals	Date
<p>for MSI-H/dMMR cancer and microsatellite instability-high or mismatch repair deficient CRC, and revised “adult indications: additional dosing regimen” to apply only to adult cHL and PMBCL per updated PI; revised NSCLC criteria to include additional requirements related to mutation status per NCCN compendium; for endometrial carcinoma for use in combination with Lenvima, revised dMMR to pMMR per updated FDA approved indication; references reviewed and updated.</p>	
<p>3Q 2023 annual review: cHL, PMBCL, MSI-H/dMMR, MCC, TMB-H: adjusted pediatric age from 2 years to 6 months per PI/KEYNOTE-051; for Melanoma added option to be prescribed in combination with Mekinist and Traftinlar for disease with BRAF V600 activating mutation per NCCN; added endemic or classic Kaposi Sarcoma for adult off-label use and hypermutant tumor diffuse high-grade glioma for pediatric off-label use per NCCN; added criterion prescribed as single agent for Merkel cell carcinoma per NCCN; for HCC, added option for Stivarga; for pediatric PMBCL added option to be prescribed in combination with Adcetris; for endometrial carcinoma added option for combination with carboplatin and paclitaxel if disease is recurrent or stage III-IV tumor; references reviewed and updated. RT4: added additional urothelial cancer indication in combination with enfortumab vedotin for patients ineligible for cisplatin-containing chemotherapy, and updated FDA approved indication for MSI-H/dMMR solid tumors to reflect full FDA approval per PI.</p>	07/2023
<p>RT4: updated FDA-approved indication for MCC to full FDA approval and added new indication of HER2-negative gastric/GEJ per PI; for NSCLC, criteria added for new FDA approved indication – “combination with platinum-containing chemotherapy as neoadjuvant therapy, then continued as single agent as adjuvant treatment after surgery for patients with tumors \geq 4 cm or node positive” and option for disease to be resectable or resected per updated PI; added criteria for newly approved FDA indication for BTC per PI and NCCN; for gastric/esophageal/GEJ cancer, clarified specific uses per updated PI, including requirement that tumor must be HER2-positive and express PD-L1 (CPS \geq 1) when prescribed in combination use with trastuzumab for gastric/GEJ adenocarcinoma; for MSI-H/dMMR, added gastric or GEJ cancer as cancer type that can be prescribed as first line or subsequent therapy and added option to prescribe in combination with platinum- and fluoropyrimidine-based chemotherapy for gastric or GEJ cancer per NCCN; for urothelial cancer in combination with Padcev, updated FDA-approved indication to full approval and removed requirement for cisplatin ineligibility per updated PI.</p>	01/2024
<p>RT4: for cervical cancer, criteria added for new FDA indication for usage in combination with CRT with FIGO 2014 Stage III-IVA cancer. updated FDA-approved indication section for HCC to full approval with update from those “who have previously been treated with sorafenib” to “secondary to hepatitis B who have received prior systemic therapy other than a PD-1/PD-L1-containing regimen” per PI; for HCC, added option for prior use of Cabometyx and added option to be prescribed as first-line treatment per NCCN.</p>	04/2024

Reviews, Revisions, and Approvals	Date
<p>3Q 2024 annual review: for cHL, added pathway for palliative therapy (previously had after hematopoietic stem cell transplant, which falls under palliative therapy) per NCCN; for HCC, removed disease is classified as Child-Pugh Class A; for BTC, added option for resected gross residual (R2) disease and removed combination with Lenvima per NCCN; for endometrial carcinoma, clarified continued as a single agent for maintenance therapy when prescribed in combination with carboplatin and paclitaxel; for NCCN recommended uses (off-label): expanded to stage IB for mycosis fungoides, for prescribed as first-line or subsequent therapy - added metastatic anaplastic carcinoma, anaplastic sarcoma, and vaginal cancer, for prescribed as single-agent subsequent therapy – added soft tissue sarcoma subtypes, added option for Keytruda to be prescribed in combination with cyclophosphamide and bevacizumab for platinum-resistant persistent ovarian cancer, fallopian tube cancer, and primary peritoneal cancer per NCCN; for continuation requests, added criterion for maximum duration of therapy (previously was included within requests for dose increase criterion); updated appendix E; references reviewed and updated.</p>	07/2024
<p>RT4: added new FDA approved indication for MPM.</p>	10/2024
<p>RT4: updated FDA Approved Indication section for EC in combination with lenvatinib to require FDA-approved testing for both MSI-H and pMMR (previously required for pMMR only) per PI. Per March SDC, for HNSCC, added redirection for nasopharyngeal carcinoma to Loqtorzi.</p>	
<p>3Q 2025 annual review: for NSCLC, updated targeted therapies for EGFR exon 19 deletion, L858R, and ROS1 rearrangement positive disease; for HNSCC added option to be prescribed in combination with Erbitux as first-line therapy or subsequent-line therapy; for cHL, added option to be prescribed in combination with decitabine and vorinostat, for post-allogenic hematopoietic cell transplant or post autologous stem cell rescue, and members not candidate for anthracycline therapy and revised for relapsed disease for both adults and pediatrics after ≥ 1 line of systemic therapy (previously ≥ 2 lines of systemic therapy for pediatrics); for UC, added option to be prescribed in combination with Inlyta or Lenvima, usage for relapsed disease, and prescribed as a single agent for adjuvant therapy; for cervical cancer, added FIGO 2018 stage III-IVA in combination with CRT and added option to be prescribed in combination with Tivdak for tumors expressing PD-L1 and has not received prior immunotherapy, recurrent or metastatic disease, and disease as progressed on or after ≥ 1 line of systemic therapy; for HCC, removed specific treatment regimens member has had disease progression following from and revise to prescribed as subsequent line therapy; for BTC, added option for disease is resectable locoregionally advanced and prescribed as neoadjuvant therapy for gallbladder cancer; for TNBC, added option to be prescribed as preoperative systemic therapy in combination with carboplatin and docetaxel; added off-label usage for central nervous (CNS) cancer, thyroid carcinoma, peritoneal mesothelioma, penile cancer; for mycosis fungoides, revised stage to Stage IA – III; for thymic carcinoma, removed metastatic or unresectable requirement;</p>	07/2025

Reviews, Revisions, and Approvals	Date
<p>RT4: updated FDA Approved Indication(s) section and criteria to reflect revised indication that limits use to tumors expressing PD-L1 (CPS \geq 1) for esophageal or GEJ carcinoma in combination with chemotherapy and HER2-negative gastric or GEJ adenocarcinoma as first-line therapy in combination with chemotherapy per updated PI (previously approved regardless of PD-L1 status); RT4: updated FDA Approved Indications(s) section for cervical cancer to clarify FIGO 2014 Stage III-IVA per updated PI; updated Appendix E with addition of soft tissue sarcoma as an example for MSI-H solid tumors and small bowel adenocarcinoma for TMB-H solid tumors; references reviewed and updated.</p> <p>Per June SDC: added redirection to Tevimbra for HER2-negative gastric or GEJ adenocarcinoma and esophageal carcinoma or GEJ squamous cell carcinoma.</p>	
<p>RT4: added new FDA approved indication for usage in the neoadjuvant/adjuvant setting for locally advanced HNSCC; added new SC formulation Keytruda Qlex to policy; for Keytruda, converted FDA approved indication for 400 mg every 6 week dosing regimen in adults with cHL and PMBCL to full approval per PI.</p>	10/2025
<p>RT4: new indication for MIBC added per updated PI; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; HCPCS code [J3590] removed and HCPCS code [J9999] added.</p> <p>HCPCS code [C9399, J9999] removed and HCPCS code [J9277] added.</p> <p>RT4: added new indication for epithelial ovarian, fallopian tube, or primary peritoneal carcinoma per updated PI (previously off-label, now FDA-labeled).</p>	01/2026