Generic Name: Pembrolizumab

Therapeutic Class or Brand Name: Keytruda

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 4/19/2017

Date Last Reviewed / Revised: 5/9/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

I. Documentation of one of the following diagnoses A through T AND must meet criteria listed under applicable diagnosis:

FDA-Approved Indication(s)

A. Melanoma:

1. Unresectable or metastatic melanoma
   a) Keytruda will be used as a single agent.
   b) Maximum treatment duration: until disease progression or unacceptable toxicity.
2. Stage IIB, IIC, or III melanoma
   a) Keytruda will be used as a single agent
   b) Keytruda will used for adjuvant treatment following complete resection
   c) Minimum age requirement: 12 years old
   d) Maximum treatment duration: 12 months

B. Non-small cell lung cancer (NSCLC) and meets one of the following criteria (1, 2, 3, 4, or 5):

1. Metastatic non-squamous NSCLC
   a) Documentation that EGFR and ALK genomic tumor aberrations are not present.
   b) Keytruda will be used in combination with pemetrexed and platinum chemotherapy.
   c) Used for first-line treatment.
   d) Maximum treatment duration: 24 months
2. Metastatic squamous NSCLC
   a) Keytruda will be used in combination with carboplatin and either paclitaxel or paclitaxel protein-bound.
   b) Used for first-line treatment.
   c) Maximum treatment duration: 24 months

3. NSCLC expressing PD-L1 [Tumor Proportion Score (TPS) ≥1%]
    a) Keytruda will be used as a single agent and meets one of the following criteria (1) or (2):
        (1) Documentation that EGFR and ALK genomic tumor aberrations are not present and meets one of the following criteria (a) or (b):
            (a) Keytruda will be used first line for metastatic disease.
            (b) Keytruda will be used first line for stage III disease and the patient is not a candidate for surgical resection or definitive chemoradiation.
        (2) Documentation of disease progression on or after platinum-containing-chemotherapy.
            (a) Documentation of metastatic NSCLC.
            (b) Documentation of testing for EGFR and ALK genomic tumor aberrations and of disease progression, intolerance, or contraindication to FDA-approved therapy/therapies indicated for any EGFR and/or ALK genomic tumor aberrations present.
    b) Maximum treatment duration: 24 months
4. Stage IB (T2a ≥4 cm), II, or IIIA NSCLC
    a) Keytruda will used for adjuvant treatment following resection and platinum-based chemotherapy.
    b) Keytruda will be used as a single agent
    c) Maximum treatment duration: 12 months.
5. Resectable NSCLC (tumors ≥4 cm or node positive)
    a) Keytruda will be used in combination with platinum-containing chemotherapy as neoadjuvant treatment
        (1) Maximum treatment duration: 12 weeks.
    b) Keytruda will be continued as a single agent as adjuvant treatment after surgery
        (1) Maximum treatment duration: 12 months.
6. Minimum age requirement: 18 years old

C. Head and neck squamous cell carcinoma (HNSCC) and meets one of the following criteria (1 or 2):
1. Metastatic or with unresectable recurrent HNSCC and meets one of the following criteria (a or b):
    a) Used first line in combination with a platinum agent and fluorouracil.
    b) HNSCC tumor expresses PD-L1 [Combined Positive Score (CPS) ≥ 1]

(1) Keytruda will be used as a single agent.

2. Recurrent or metastatic HNSCC
    a) Documentation disease has progressed on or after platinum-containing chemotherapy.
    b) Patient has not had disease progression on PD-1/PD-L1 inhibitor (+/- chemotherapy).
    c) Keytruda will be used as a single agent.
3. Minimum age requirement: 18 years old
4. Maximum treatment duration: 24 months

D. Classical Hodgkin lymphoma (cHL) and ONE of the following criteria are met (a or b):
1. Adult patients
    a) Documentation that patient has tried and failed at least 1 prior systemic therapy.
    b) Keytruda will be used as a single agent or in combination with GVD (gemcitabine, vinorelbine, liposomal doxorubicin) or ICE (ifosfamide, carboplatin, etoposide)
    c) Minimum age requirement: 18 years old
    d) Maximum treatment duration: 24 months
2. Pediatric patients
    a) Documentation that disease has relapsed after 2 or more lines of therapy.
    b) Keytruda will be used as a single agent.
    c) Minimum age requirement: 6 months old
    d) Maximum treatment duration: 24 months

E. Primary Mediastinal Large B-Cell Lymphoma (PMBCL)
1. Documentation of relapse after 2 or more prior lines of therapy
2. Documentation patient does not require urgent cytoreductive therapy.
3. Keytruda will be used as a single agent.
4. Minimum age requirement: 6 months old
5. Maximum treatment duration: 24 months

F. Urothelial carcinoma and meets one of the following criteria (1 or 2):
1. Locally advanced or metastatic disease and meets one of the following criteria (a or b):
    a) Keytruda will be used in combination with Padcev (enfortumab vedotin).
    b) Keytruda will be used as a single agent and meets one of the following criteria (1) or (2)

(1) Documentation that the patient is not eligible for platinum-containing chemotherapy.
(2) Documentation that the patient has disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

2. High-risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS)
   a) Documentation that disease is unresponsive to Bacillus Calmette-Guerin (BCG)
   b) Documentation that patient is ineligible for or has elected to not undergo cystectomy.
   c) Keytruda will be used as a single agent
3. Minimum age requirement: 18 years old and older
4. Maximum treatment duration: 24 months

G. Microsatellite instability-high (MSI-H) or mismatch repair deficient cancer (dMMR)
1. Documentation the patient has an MSI-H or dMMR solid tumor.
2. Documentation the patient has an unresectable tumor or metastatic disease.
3. Documentation the patient has progressed following at least 1 prior systemic treatment.
4. Documentation that alternative treatment options are unavailable and/or contraindicated.
5. Keytruda will be used as a single agent
6. Minimum age requirement: 6 months old
7. Maximum treatment duration: 24 months

H. Colorectal Cancer (CRC)
1. Documentation the patient has microsatellite instability-high (MSI-H) or mismatch repair deficient cancer (dMMR) CRC
2. Documentation the patient has unresectable or metastatic disease.
3. Keytruda will be used as a single agent.
4. Minimum age requirement: 18 years old
5. Maximum treatment duration: 24 months

I. Gastric cancer and meets one of the following criteria (1 or 2):
1. Documentation of locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma

a) Keytruda will be used as first-line in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy.
b) Documentation that tumor(s) express PD-L1[Combined Positive Score (CPS ≥1)].

2. Documentation of locally advanced unresectable or metastatic HER2-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma
   a) Keytruda will be used as first-line in combination with fluoropyrimidine- and platinum-containing chemotherapy.
3. Minimum age requirement: 18 years old
4. Maximum treatment duration: 24 months

J. Esophageal cancer
1. Documentation of locally advanced or metastatic esophageal or gastroesophageal junction (GEJ) (tumors with epicenter 1 to 5 centimeters above the GEJ) carcinoma.
2. Documentation that disease is not amenable to surgical resection or definitive chemoradiation and meets one of the following criteria (a or b):
   a) Keytruda will be used in combination with platinum- and fluoropyrimidine-based chemotherapy.
   b) Keytruda will be used as a single agent.
      (1) Documentation of squamous cell histology.
      (2) Documentation of disease progression on or after one or more prior lines of systemic therapy.
      (3) Documentation of at least 1 prior systemic therapy.
      (4) Documentation that tumor(s) expresses PD-L1 [Combined Positive Score (CPS) ≥ 10)].
3. Minimum age requirement: 18 years old
4. Maximum treatment duration: 24 months

K. Cervical cancer, and meets one of the following criteria (1 or 2):
1. Documentation of FIGO 2014 Stage III-IVA cervical cancer
   a) Used in combination with chemoradiotherapy (CRT).
2. Tumor express PD-L1[Combined Positive Score (CPS ≥1) and one of the following criteria is met (a or b):
   a) Keytruda will be used in combination with chemotherapy, with or without bevacizumab.

(1) Documentation of persistent, recurrent or metastatic disease.

b) Keytruda will be used as a single agent.

(1) Documentation of recurrent or metastatic disease.

(2) Documentation of disease progression on or after at least one systemic chemotherapy.

3. Minimum age requirement: 18 years old
4. Maximum treatment duration: 24 months

L. Hepatocellular Carcinoma (HCC)

1. Documentation of HCC secondary to hepatitis B
2. Documentation of previous treatment with systemic therapy other than a PD-1/PD-L1-containing regimen.
3. Keytruda will be used as a single agent.
4. Minimum age requirement: 18 years old
5. Maximum treatment duration: 24 months

M. Biliary tract cancer (BTC)

1. Documentation disease is locally advanced unresectable or metastatic.
2. Keytruda will be used in combination with gemcitabine and cisplatin.
3. Minimum age requirement: 18 years old
4. Maximum treatment duration: 24 months

N. Merkel Cell Carcinoma (MCC)

1. Documentation disease is recurrent locally advanced or metastatic.
2. Keytruda will be used as a single agent.
3. Minimum age requirement: 6 months old
4. Maximum treatment duration: 24 months.

O. Renal Cell Carcinoma (RCC) and meets ONE of the following criteria (1 or 2):

1. Advanced or stage IV RCC
   a) Keytruda will be used first line in combination with Inlyta (axitinib) or Lenvima (lenvatinib).
   b) Maximum treatment duration: 24 months
2. Following nephrectomy or following nephrectomy and resection of metastatic lesions.
   a) Documentation of intermediate-high or high risk of recurrence.
   b) Keytruda will be used for adjuvant treatment

c) Keytruda will be used as a single agent
d) Maximum treatment duration: 12 months

3. Minimum age requirement: 18 years old

P. Endometrial carcinoma and meets one of the following criteria (1 or 2):

1. Documentation of primary advanced or recurrent endometrial carcinoma
   a) Keytruda will be used in combination with carboplatin and paclitaxel and then continued as a single agent.
2. Documentation of advanced endometrial carcinoma and one of the following criteria is met (a or b)
   a) Documentation disease is mismatch repair proficient (pMMR) or it is not microsatellite instability-high (MSI-H)
      (1) Documentation of disease progression following prior systemic therapy.
      (2) Documentation that patient is not a candidate for curative surgery or radiation.
      (3) Keytruda will be used in combination with Lenvima (lenvatinib).
   b) Documentation disease is mismatch repair deficient (dMMR) or is microsatellite instability-high (MSH-H).
      (1) Documentation of disease progression following prior systemic therapy.
      (2) Documentation that patient is not a candidate for curative surgery or radiation
      (3) Keytruda will be used as a single agent.
3. Minimum age requirement: 18 years old
4. Maximum treatment duration: 24 months

Q. Tumor mutational burden high (TMB-H) cancer

Documentation of TMB-H [≥10 mutations/megabase (mut/Mb)] unresectable or metastatic solid tumor(s).

1. Documentation the patient has no other satisfactory alternative treatment options.
2. Documentation of disease progression following at least 1 prior systemic treatment.
3. If patient is < 18 years old, patient does not have TMB-H central nervous system cancer.
4. Minimum age requirement: 6 months old
5. Maximum treatment duration: 24 months

R. Cutaneous squamous cell carcinoma (cSCC)

1. Documentation of recurrent, metastatic or locally advanced cSCC

2. Documentation disease is not curable by surgery or radiation.
3. Keytruda will be used as a single agent.
4. Minimum age requirement: 18 years old
5. Maximum treatment duration: 24 months

S. Triple-Negative Breast Cancer (TNBC)

1. High-risk early-stage TNBC
   a) Used in combination with chemotherapy as neoadjuvant treatment for up to 24 weeks followed by adjuvant treatment with Keytruda as a single agent for a maximum duration of 27 weeks.
2. Locally recurrent unresectable or metastatic TNBC
   a) Documentation that tumor has expression of PD-L1[Combined Positive Score (CPS) ≥ 10]
   b) Used in combination with chemotherapy for a maximum duration of 24 months.
3. Minimum age requirement: 18 years old

T. Malignant pleural mesothelioma (MPM)

1. Documentation that Keytruda will be used as first-line treatment.
2. Documentation that disease is unresectable advanced or metastatic
3. Keytruda will be used in combination with pemetrexed and platinum chemotherapy
4. Minimum age requirement: 18 years old
5. Maximum treatment duration: 24 months.

II. Treatment is prescribed by or in consultation with an oncologist or a hematologist.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IV. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Prior treatment with a programmed death receptor-1 (PD-1)-blocking antibody or a programmed death-ligand 1 (PD-L1) blocking antibody (i.e., Bavencio (avelumab), Imfinzi (durvalumab), Opdivo (nivolumab), or Tecentriq (atezolizumab).

OTHER CRITERIA

- N/A

Quantity / Days Supply Restrictions

See each indication for appropriate treatment duration and minimum age requirement.

- Adult dose:
  - 200 mg every 3 weeks or 400 mg every 6 weeks
- Pediatric dose:
  - 2mg/kg (maximum dose 200 mg) every 3 weeks

Approval Length

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

References

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