SPECIALTY GUIDELINE MANAGEMENT

KEYTRUDA (pembrolizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Melanoma
   Keytruda is indicated for the treatment of patients with unresectable or metastatic melanoma.

2. Non-Small Cell Lung Cancer
   i. Keytruda, as a single agent, is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have high PD-L1 expression [Tumor Proportion Score (TPS) ≥50%)] as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.
   ii. Keytruda, as a single agent, is indicated for the treatment of patients with metastatic NSCLC whose tumors express PD-L1 (TPS ≥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.
   iii. Keytruda, in combination with pemetrexed and carboplatin, is indicated for the first-line treatment of patients with metastatic nonsquamous NSCLC.

3. Head and Neck Cancer
   Keytruda is indicated for the treatment of patients with recurrent or metastatic head and neck squamous cell carcinoma (HNSCC) with disease progression on or after platinum-containing chemotherapy.

4. Classical Hodgkin Lymphoma
   Keytruda is indicated for the treatment of adult and pediatric patients with refractory classical Hodgkin lymphoma (cHL), or who have relapsed after three or more prior lines of therapy.

5. Urothelial Carcinoma
   Keytruda is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:
   a. Are not eligible for cisplatin-containing chemotherapy, or
   b. Have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

6. Microsatellite Instability-High Cancer
   Keytruda is indicated for the treatment of adult and pediatric patients with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient
   a. Solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or
   b. Colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.
   Limitation of Use: The safety and effectiveness of Keytruda in pediatric patients with MSI-H central nervous system cancers have not been established.

B. Compendial Uses
Non-small cell lung cancer

All other indications are considered experimental/investigational and are not a covered benefit.

II. EXCLUSIONS

Coverage will not be provided for pediatric members with microsatellite instability-high (MSI-H) central nervous system cancers.

III. CRITERIA FOR INITIAL APPROVAL

A. Melanoma
Authorization of 12 months may be granted for treatment of unresectable or metastatic melanoma.

B. Non-small cell lung cancer (NSCLC)
Authorization of 12 months may be granted for treatment of metastatic NSCLC in either of the following settings:
1. First-line treatment
    a. Tumor has high PD-L1 expression [Tumor Proportion Score (TPS) ≥50%)] and no EGFR or ALK genomic tumor aberrations, OR
    b. Member has nonsquamous NSCLC and Keytruda will be used in combination with pemetrexed and carboplatin.
2. Subsequent therapy
    a. Member's tumor is positive for the PD-L1 protein.
    b. Keytruda is requested for disease progression on a first-line cytotoxic regimen or for further progression on other systemic therapy.

C. Head and Neck Cancer
Authorization of 12 months may be granted for the treatment of patients with recurrent or metastatic head and neck squamous cell carcinoma (HNSCC) with disease progression on or after platinum-containing chemotherapy.

D. Classical Hodgkin Lymphoma
Authorization of 12 months may be granted for treatment of refractory or relapsed classical Hodgkin lymphoma.-

E. Urothelial carcinoma
Authorization of 12 months may be granted for treatment of locally advanced or metastatic urothelial carcinoma when any of the following criteria is met:
1. Member is not eligible for cisplatin-containing chemotherapy.
2. Member experienced disease progression during or following platinum-containing chemotherapy.
3. Member experienced disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

F. Microsatellite Instability-High Cancer
Authorization of 12 months may be granted for treatment of unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient solid tumors when the following criteria are met:
1. For colorectal cancer: Member experienced disease progression following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.

2. For other solid tumors: Member experienced disease progression following prior treatment and has no satisfactory alternative treatment options.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

V. REFERENCES

1. Keytruda [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; May 2017.
2. The NCCN Drugs & Biologics Compendium® © 2016 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed August 2, 2016.
3. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Melanoma. Version 3.2016. http://www.nccn.org/professionals/physician_gls/PDF/melanoma.pdf. Accessed August 8, 2016.
4. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Non-small cell lung cancer. Version 4.2016. http://www.nccn.org/professionals/physician_gls/PDF/melanoma.pdf. Accessed August 8, 2016.
5. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Hodgkin Lymphoma. Version 3.2016. https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf. Accessed August 8, 2016.