Reference number(s)
7210-A

Standard Medicare Part B Management Keytruda Qlex

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Keytruda Qlex	pembrolizumab and berahyaluronidase alfa-pmph

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.

FDA-Approved Indications[1]

Melanoma

- Keytruda Qlex is indicated for the treatment of adult patients with unresectable or metastatic melanoma.
- Keytruda Qlex is indicated for the adjuvant treatment of adult and pediatric patients 12 years and older with Stage IIB, IIC, or III melanoma following complete resection.

Non-Small Cell Lung Cancer

- Keytruda Qlex, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of adult patients with metastatic nonsquamous non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.
- Keytruda Qlex, in combination with carboplatin and either paclitaxel or paclitaxel protein-bound, is indicated for the first-line treatment of adult patients with metastatic squamous NSCLC.

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- Keytruda Qlex, as a single agent, is indicated for the first-line treatment of adult patients with NSCLC expressing PD-L1 [Tumor Proportion Score (TPS) ≥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.
- Keytruda Qlex, as a single agent, is indicated for the treatment of adult 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 Qlex.
- Keytruda Qlex, is indicated for the treatment of adult patients with resectable (tumors ≥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.
- Keytruda Qlex, as a single agent, is indicated as adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage IB (T2a ≥ 4cm), II, or IIIA NSCLC.

Malignant Pleural Mesothelioma

Keytruda Qlex, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of adult patients with unresectable advanced or metastatic malignant pleural mesothelioma (MPM).

Head and Neck Squamous Cell Cancer

- Keytruda Qlex is indicated for the treatment of adult patients with resectable locally advanced HNSCC whose tumors express PD-L1 [Combined Positive Score (CPS) ≥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.
- Keytruda Qlex, in combination with platinum and fluorouracil (FU), is indicated for the first-line treatment of adult patients with metastatic or with unresectable, recurrent head and neck squamous cell carcinoma (HNSCC).
- Keytruda Qlex, as a single agent, is indicated for the first line treatment of adult patients with metastatic or with unresectable, recurrent HNSCC whose tumors express PD-L1 [Combined Positive Score (CPS) ≥1] as determined by an FDA-approved test.
- Keytruda Qlex, as a single agent, is indicated for the treatment of adult patients with recurrent or metastatic HNSCC with disease progression on or after platinum-containing chemotherapy.

Urothelial Cancer

- Keytruda Qlex, in combination with enfortumab vedotin, is indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer.
- Keytruda Qlex, as a single agent, is indicated for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma:
    - who are not eligible for any platinum-containing chemotherapy, or

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  - who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
- Keytruda Qlex, in combination with enfortumab vedotin, as neoadjuvant treatment and then continued after cystectomy as adjuvant treatment, is indicated for the treatment of adult patients with muscle invasive bladder cancer (MIBC) who are ineligible for cisplatin-containing chemotherapy.
- Keytruda Qlex, as a single agent, is indicated 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 or Mismatch Repair Deficient Cancer

Keytruda Qlex is indicated for the treatment of adult and pediatric patients 12 years and older with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (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 or Mismatch Repair Deficient Colorectal Cancer (CRC)

Keytruda Qlex is indicated for the treatment of adult patients with unresectable or metastatic MSI-H or dMMR colorectal cancer (CRC) as determined by an FDA-approved test.

Gastric Cancer

- Keytruda Qlex, in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the first-line treatment of adults 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.
- Keytruda Qlex, in combination with fluoropyrimidine- and platinum-containing chemotherapy is indicated for the first-line treatment of adults with locally advanced unresectable or metastatic HER2-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.

Esophageal Cancer

Keytruda Qlex is indicated 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 for patients with tumors that 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.

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Cervical Cancer

- Keytruda Qlex, in combination with chemoradiotherapy (CRT), is indicated 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).
- Keytruda Qlex, in combination with chemotherapy, with or without bevacizumab, is indicated 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.
- Keytruda Qlex, as a single agent, is indicated 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

Keytruda Qlex is indicated for the treatment of adult patients with hepatocellular carcinoma (HCC) secondary to hepatitis B who have received prior systemic therapy other than a PD-1/PD-L1- containing regimen.

Biliary Tract Cancer

Keytruda Qlex, in combination with gemcitabine and cisplatin, is indicated for the treatment of adult patients with locally advanced unresectable or metastatic biliary tract cancer (BTC).

Merkel Cell Carcinoma

Keytruda Qlex is indicated for the treatment of adult and pediatric patients 12 years and older with recurrent locally advanced or metastatic Merkel cell carcinoma (MCC).

Renal Cell Carcinoma

- Keytruda Qlex, in combination with axitinib, is indicated for the first-line treatment of adult patients with advanced renal cell carcinoma (RCC).
- Keytruda Qlex, in combination with lenvatinib, is indicated for the first-line treatment of adult patients with advanced RCC.
- Keytruda Qlex is indicated 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

- Keytruda Qlex, in combination with carboplatin and paclitaxel, followed by Keytruda Qlex as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial carcinoma.
- Keytruda Qlex, in combination with lenvatinib, is indicated 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.

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- Keytruda Qlex, as a single agent, is indicated 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 Cancer

Keytruda Qlex is indicated for the treatment of adult and pediatric patients 12 years and older with unresectable or metastatic tumor mutational burden-high (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 Qlex in pediatric patients 12 years and older with TMB-H central nervous system cancers have not been established.

Cutaneous Squamous Cell Carcinoma

Keytruda Qlex is indicated for the treatment of adult patients with recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) or locally advanced cSCC that is not curable by surgery or radiation.

Triple-Negative Breast Cancer

- Keytruda Qlex is indicated for the treatment of adult patients with high-risk early-stage triple-negative breast cancer (TNBC) in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.
- Keytruda Qlex, in combination with chemotherapy, is indicated 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

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

Compendial Uses[2]

- Cutaneous melanoma
- Non-small cell lung cancer
- Head and neck cancer
- Urothelial carcinoma
    - Bladder cancer
    - Primary carcinoma of the urethra
    - Upper genitourinary tract tumors

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    - Urothelial carcinoma of the prostate
- Appendiceal neoplasms and carcinoma
- Small bowel adenocarcinoma
- Merkel cell carcinoma
- Gastric cancer
- Esophageal cancer and esophagogastric junction cancer
- Cervical cancer
- Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer
- Uveal melanoma
- Endometrial carcinoma
- Anal carcinoma
- Central Nervous System (CNS) brain metastases
- Biliary tract cancers
- Hepatocellular carcinoma
- Vulvar cancer
- Thymic carcinoma
- Gestational trophoblastic neoplasia
- Prostate cancer
- Soft tissue sarcoma
- Occult primary cancer
- Breast cancer
- Bone Cancer
    - Chondrosarcoma
    - Chordoma
    - Ewing Sarcoma
    - Osteosarcoma
- Penile cancer
- Pediatric diffuse high-grade gliomas
- Vaginal cancer
- Pleural or peritoneal mesothelioma

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

The following documentation must be available, upon request, for all submissions:

- Documentation of programmed death ligand 1 (PD-L1) tumor expression, where applicable.
- Documentation of laboratory report confirming microsatellite instability-high (MSI-H) or mismatch repair (MMR) tumor status, or polymerase epsilon/delta (POLE/POLD1) tumor status with tumor mutational burden, where applicable.

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- Documentation of laboratory report confirming high tumor mutational burden (≥10 mutations/megabase [mut/Mb]), where applicable.
- Documentation of laboratory report confirming that the cancer cells are negative for the following receptors, where applicable:
    - human epidermal growth factor receptor 2 (HER-2)
    - estrogen
    - progesterone

Exclusions

Coverage will not be provided for members with any of the following exclusions:

- Pediatric members with TMB-H central nervous system cancers
- Members who have experienced disease progression while on programmed death receptor-1 (PD-1) or PD-L1 inhibitor therapy

Coverage Criteria

Cutaneous Melanoma[1,2]

Authorization of 12 months may be granted for treatment of cutaneous melanoma in any of the following settings:

- Unresectable disease
- Metastatic disease
- Adjuvant treatment
- Neoadjuvant treatment

Non-Small Cell Lung Cancer (NSCLC)[1,2]

Authorization of 12 months may be granted for NSCLC for any of the following clinical settings:

- Treatment of recurrent, advanced, or metastatic disease.
- Neoadjuvant treatment when used in combination with platinum-based chemotherapy.
- Adjuvant single agent treatment following adjuvant chemotherapy or neoadjuvant therapy with the requested medication plus platinum-based chemotherapy.

Head and Neck Cancer[1,2]

Authorization of 12 months may be granted for treatment of head and neck cancer.

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Urothelial Carcinoma[1,2]

Authorization of 12 months may be granted for treatment of urothelial carcinoma, including bladder cancer, upper genitourinary tract tumors, urothelial carcinoma of the prostate, and primary carcinoma of the urethra.

Solid Tumors[1,2]

Authorization of 12 months may be granted as a single agent for treatment of solid tumors in members with unresectable or metastatic disease that has progressed following prior treatment and who have no satisfactory alternative treatment options when either of the following criteria is met:

- The requested medication will be used for microsatellite instability-high or mismatch repair deficient solid tumors.
- The requested medication will be used for tumor mutational burden-high (≥10 mutations/megabase [mut/Mb]) solid tumors.

Colorectal Cancer[1]

Authorization of 12 months may be granted as a single agent for the treatment of unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer.

Appendiceal Neoplasms and Carcinoma[1,2]

Authorization of 12 months may be granted for treatment of appendiceal neoplasms and carcinoma for microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumors with ultra-hypermutated phenotype (TMB > 50 mut/Mb).

Small Bowel Adenocarcinoma[2]

Authorization of 12 months may be granted as a single agent for neoadjuvant therapy or for the treatment of unresectable, medically inoperable, advanced or metastatic small bowel adenocarcinoma for microsatellite instability-high (MSI-H), or mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumors with ultra-hypermutated phenotype (TMB > 50 mut/Mb).

Merkel Cell Carcinoma[1,2]

Authorization of 12 months may be granted for treatment of Merkel cell carcinoma.

Gastric Cancer[1,2]

Authorization of 12 months may be granted for treatment of gastric cancer.

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Esophageal Cancer and Esophagogastric Junction Cancer[1,2]

Authorization of 12 months may be granted for treatment of esophageal or esophagogastric junction (EGJ) cancer.

Cervical Cancer[1,2]

Authorization of 12 months may be granted for the treatment of cervical cancer.

Epithelial Ovarian Cancer, Fallopian Tube Cancer, Primary Peritoneal Cancer[1,2]

Authorization of 12 months may be granted for the treatment of epithelial ovarian cancer, fallopian tube cancer, and primary peritoneal cancer.

Uveal Melanoma[2]

Authorization of 12 months may be granted for treatment of uveal melanoma.

Endometrial Carcinoma[1,2]

Authorization of 12 months may be granted for the treatment of endometrial carcinoma.

Anal Carcinoma[2]

Authorization of 12 months may be granted for the treatment of anal carcinoma.

CNS Brain Metastases[2]

Authorization of 12 months may be granted for the treatment of CNS brain metastases.

Biliary Tract Cancers[1,2]

Authorization of 12 months may be granted for the treatment of biliary tract cancers, including intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer.

Hepatocellular Carcinoma[1,2]

Authorization of 12 months may be granted for treatment of members with hepatocellular carcinoma.

Vulvar Cancer[2]

Authorization of 12 months may be granted for treatment of vulvar cancer.

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Renal Cell Carcinoma[1]

Authorization of 12 months may be granted for treatment of renal cell carcinoma in any of the following regimens:

- In combination with axitinib or lenvatinib for first-line treatment of advanced disease
- As a single agent for the adjuvant treatment of members with RCC at intermediate-high or high risk of recurrence following nephrectomy or following nephrectomy and resection of metastatic lesions.

Thymic Carcinoma[2]

Authorization of 12 months may be granted for treatment of thymic carcinoma.

Gestational Trophoblastic Neoplasia[2]

Authorization of 12 months may be granted for treatment of gestational trophoblastic neoplasia.

Prostate Cancer[2]

Authorization of 12 months may be granted for treatment of prostate cancer.

Cutaneous Squamous Cell Carcinoma[1]

Authorization of 12 months may be granted as a single agent for treatment of locally advanced, recurrent or metastatic cutaneous squamous cell carcinoma that is not curable by surgery or radiation.

Soft Tissue Sarcoma[2]

Authorization of 12 months may be granted for treatment of the following types of soft tissue sarcoma:

- Extremity/body wall sarcoma, head/neck sarcoma, retroperitoneal/intra-abdominal sarcoma, pleomorphic rhabdomyosarcoma, cutaneous angiosarcoma, or dedifferentiated liposarcoma, as a single agent
- Alveolar soft part sarcoma (ASPS), as a single agent or in combination with axitinib (Inlyta).

Occult Primary[2]

Authorization of 12 months may be granted for treatment of occult primary cancer in members with microsatellite instability-high or mismatch repair deficient tumors or tumor mutational burden-high (TMB-H) (≥10 mutations/megabase (mut/Mb) tumors).

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Breast Cancer[1,2]

- Authorization of 12 months may be granted for treatment of locally recurrent unresectable or metastatic triple-negative breast cancer (TNBC) when all of the following criteria are met:
    - The diagnosis of triple-negative breast cancer is confirmed by the cancer cells testing negative for ALL of the following receptors:
        - Human epidermal growth factor receptor 2 (HER-2)
        - Estrogen
        - Progesterone
    - Tumor must express PD-L1 (CPS ≥10)
    - The requested medication will be used in combination with sacituzumab govitecan-hziy (Trodelvy) or chemotherapy
- Authorization of 12 months may be granted for treatment of high-risk early-stage triple-negative breast cancer (TNBC) when all of the following criteria are met:
    - The diagnosis of triple-negative breast cancer is confirmed by the cancer cells testing negative for ALL of the following receptors:
        - Human epidermal growth factor receptor 2 (HER-2)
        - Estrogen
        - Progesterone
    - The requested medication will be used as neoadjuvant treatment in combination with chemotherapy and continued as single agent adjuvant treatment after surgery.

Bone Cancer[2]

Authorization of 12 months may be granted for treatment of bone cancer, including chondrosarcoma, chordoma, Ewing Sarcoma, osteosarcoma, and high-grade undifferentiated pleomorphic sarcoma.

Penile Cancer[2]

Authorization of 12 months may be granted for treatment of penile cancer.

Pediatric Diffuse High-Grade Gliomas[2]

Authorization of 12 months may be granted for treatment of hypermutant tumor pediatric diffuse high-grade glioma.

Vaginal Cancer[2]

Authorization of 12 months may be granted for treatment of vaginal cancer.

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Pleural or Peritoneal Mesothelioma[1,2]

Authorization of 12 months may be granted for first-line treatment of pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma, when used in combination with pemetrexed and platinum chemotherapy.

Continuation of Therapy

Adjuvant Treatment of Melanoma, HNSCC, TNBC, RCC, NSCLC, or urothelial carcinoma

Authorization for 12 months total therapy may be granted for all members (including new members) who are continuing with the requested medication when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The requested medication is being used as adjuvant treatment for any of the following indications: melanoma, HNSCC, TNBC, RCC, NSCLC, or urothelial carcinoma.
- The member is receiving benefit from therapy. Benefit is defined as:
    - No evidence of unacceptable toxicity while on the current regimen AND
    - No evidence of disease recurrence while on the current regimen.

NSCLC, HNSCC, MSI-H or dMMR cancers, gastric cancer, esophageal cancer (including EGJ), cervical cancer, urothelial carcinoma, HCC, MCC, RCC, endometrial carcinoma, cSCC, TNBC, TMB-H cancer, biliary tract cancer, bone cancer, pleural or peritoneal mesothelioma, penile cancer

Authorization for 12 months (up to 24 months of continuous use) may be granted for all members (including new members) who are continuing with the requested medication when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The requested medication is being used to treat NSCLC, HNSCC, MSI-H or dMMR cancers, gastric cancer, esophageal cancer (including EGJ), cervical cancer, urothelial carcinoma, HCC, MCC, RCC, endometrial carcinoma, cSCC, TNBC,TMB-H cancer, biliary tract cancer, bone cancer, pleural or peritoneal mesothelioma, or penile cancer.
- The member is receiving benefit from therapy. Benefit is defined as:
    - No evidence of unacceptable toxicity while on the current regimen AND
    - No evidence of disease progression while on the current regimen.

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All Other Indications

Authorization for 12 months may be granted for all members (including new members) who are continuing with the requested medication when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The requested medication is being used to treat any other diagnosis or condition listed in the coverage criteria section.
- The member is receiving benefit from therapy. Benefit is defined as:
    - No evidence of unacceptable toxicity while on the current regimen AND
    - No evidence of disease progression while on the current regimen.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Keytruda Qlex.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- NCCN Guideline: Prostate cancer
- NCCN Guideline: Penile cancer
- NCCN Guideline: Thymomas and thymic carcinomas
- NCCN Guideline: Vulvar cancer
- NCCN Guideline: Cervical cancer
- NCCN Guideline: Gestational Trophoblastic Neoplasia
- NCCN Guideline: Small bowel adenocarcinoma
- NCCN Guideline: Cutaneous melanoma
- NCCN Guideline: Bone cancer
- NCCN Guideline: Appendiceal neoplasms and cancers
- NCCN Guideline: Merkel cell carcinoma
- NCCN Guideline: Non-small cell lung cancer
- NCCN Guideline: Breast cancer
- NCCN Guideline: Hepatocellular carcinoma
- NCCN Guideline: Soft tissue sarcoma
- NCCN Guideline: Anal carcinoma
- NCCN Guideline: Uveal melanoma
- NCCN Guideline: Gastric cancer
- NCCN Guideline: Esophageal and esophagogastric junction cancers

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- NCCN Guideline: Occult primary
- NCCN Guideline: Central nervous system cancer
- NCCN Guideline: Biliary tract cancer
- NCCN Guideline: Bladder cancer
- NCCN Guideline: Uterine neoplasms
- NCCN Guideline: Ovarian cancer/Fallopian tube cancer/Primary peritoneal cancer
- NCCN Guideline: Head and neck cancers
- NCCN Guideline: Vaginal cancer
- NCCN Guideline: Peritoneal mesothelioma
- NCCN Guideline: Pleural mesothelioma

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Keytruda Qlex are covered in addition to the following:

- Cutaneous melanoma
- Non-small cell lung cancer
- Head and neck cancer
- Urothelial carcinoma
    - Bladder cancer
    - Primary carcinoma of the urethra
    - Upper genitourinary tract tumors
    - Urothelial carcinoma of the prostate
- Appendiceal neoplasms and carcinoma
- Merkel cell carcinoma
- Gastric cancer
- Esophageal cancer and esophagogastric junction cancer
- Cervical cancer
- Ovarian cancer/Fallopian tube cancer/Primary peritoneal cancer
- Uveal melanoma
- Endometrial carcinoma
- Anal carcinoma
- Central Nervous System (CNS) brain metastases
- Biliary tract cancer
- Hepatocellular carcinoma
- Vulvar cancer
- Thymic carcinoma
- Gestational trophoblastic neoplasia
- Occult primary cancer
- Small bowel adenocarcinoma
- Breast cancer
- Prostate cancer
- Bone Cancer
    - Chondrosarcoma
    - Chordoma

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    - Ewing Sarcoma
    - Osteosarcoma
- Pediatric diffuse high-grade gliomas
- Vaginal cancer
- Pleural or peritoneal mesothelioma
- Penile cancer
- Soft tissue sarcoma

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for the compendial uses in summary of evidence section can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

References

1. Keytruda Qlex [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; February 2026.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed March 16, 2026.

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