

Keytruda® (pembrolizumab) (Intravenous)

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Table of Contents

- [Length of Authorization](#)
- [Dosing Limits](#)
- [Initial Approval Criteria](#)
 - [Anal Carcinoma](#)
 - [Primary Mediastinal Large B-Cell Lymphoma \(PMBCL\)](#)
 - [Urothelial Carcinoma \(Bladder Cancer\)](#)
 - [Triple Negative Breast Cancer \(TNBC\)](#)
 - [Adult Central Nervous System \(CNS\) Cancer](#)
 - [Pediatric Central Nervous System \(CNS\) Cancers](#)
 - [Cervical Cancer](#)
 - [Esophageal or Gastroesophageal Junction Cancer](#)
 - [Gastric Cancer](#)
 - [Gestational Trophoblastic Neoplasia](#)
 - [Squamous Cell Carcinoma of the Head and Neck \(SCCHN\)](#)
 - [Hepatocellular Carcinoma \(HCC\)](#)
 - [Adult Classical Hodgkin Lymphoma \(cHL\)](#)
 - [Pediatric Classical Hodgkin Lymphoma](#)
 - [Renal Cell Carcinoma \(RCC\)](#)
 - [Cutaneous Melanoma](#)
 - [Uveal Melanoma](#)
 - [Merkel Cell Carcinoma \(MCC\)](#)
 - [Adrenal Gland Tumors](#)
 - [Non-Small Cell Lung Cancer \(NSCLC\)](#)
 - [Primary Cutaneous Lymphomas](#)
 - [Small Cell Lung Cancer \(SCLC\)](#)
 - [Soft Tissue Sarcoma](#)
 - [Cutaneous Squamous Cell Carcinoma \(cSCC\)](#)
 - [Extranodal NK/T-Cell Lymphomas](#)
 - [Thymic Carcinoma](#)
 - [Endometrial Carcinoma \(Uterine Neoplasms\)](#)
 - [Vulvar Cancer](#)
 - [Microsatellite Instability-High \(MSI-H\) Cancer](#)
 - [Tumor Mutational Burden-High \(TMB-H\) Cancer](#)
- [Renewal Criteria](#)
- [Dosing/Administration](#)
- [Billing Code/Availability](#)
- [References](#)
- [Appendix I \(ICD-10 Coding\)](#)
- [Appendix II \(Centers for Medicare and Medicaid Services – CMS\)](#)
- [Appendix III \(Internal Use Only\)](#)

I. Length of Authorization ^Δ 1-3,5,15-17,69

Coverage will be provided for 6 months and may be renewed (unless otherwise specified).

- Adrenal Gland Tumors, Anal Carcinoma, Bladder Cancer/Urothelial Carcinoma, Cervical Cancer, cHL, CNS Cancer, Cutaneous Melanoma (in combination with ipilimumab), cSCC, Endometrial Carcinoma, Esophageal/GEJ Cancer, Gastric Cancer, HCC, MCC, MSI-H/dMMR Cancer, NSCLC, PMBCL, Primary Cutaneous Lymphomas, RCC (first-line or subsequent therapy), SCCHN, SCLC, Thymic Carcinoma, TMB-H Cancer, TNBC (recurrent unresectable or metastatic disease), Uveal Melanoma, and Vulvar Cancer can be authorized up to a maximum of twenty-four (24) months of therapy.
- Adjuvant therapy in Cutaneous Melanoma and RCC can be authorized up to a maximum of twelve (12) months of therapy.
- Neoadjuvant therapy in TNBC can be authorized up to a maximum of twenty-four (24) weeks of therapy.
- Adjuvant therapy in TNBC can be authorized up to a maximum of twenty-seven (27) weeks of therapy.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Keytruda 100 mg/4 mL single use vial: 11 vials per 14 day supply

B. Max Units (per dose and over time) [HCPCS Unit]:

| Indication | Billable Units (BU) | Per unit time (days) |
|---|---------------------|----------------------|
| Adrenal Gland Tumors, Bladder/Urothelial, Cervical, cHL, Pediatric CNS Cancers, cSCC, Cutaneous Melanoma, Endometrial Carcinoma, Esophageal, GEJ, Gastric, Gestational Trophoblastic Neoplasia, HCC, MCC, MSI-H/dMMR, NSCLC, PMBCL, RCC, SCCHN, Soft Tissue Sarcoma, Thymic, TMB-H Cancer, TNBC, & Vulvar | 200 BU | 21 days |
| Adult CNS Cancer & SCLC | 1150 BU | 14 days |
| Anal Carcinoma, Primary Cutaneous Lymphomas, Extranodal NK/T-Cell Lymphomas, & Uveal Melanoma | 250 BU | 21 days |

III. Initial Approval Criteria ^{1,2}

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise specified); **AND**

Universal Criteria

- Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., cemiplimab, avelumab, nivolumab, atezolizumab, durvalumab, dostarlimab, nivolumab/relatlimab-rmbw, etc.) unless otherwise specified ⁴; **AND**

Anal Carcinoma ‡ ^{2,5,52}

- Patient has metastatic squamous cell carcinoma; **AND**

- Used as a single agent for subsequent therapy

Primary Mediastinal Large B-Cell Lymphoma (PMBCL) † ‡ ⊕ 1,2,6,34,82

- Used as single agent; **AND**
 - Patient is at least 6 months of age; **AND**
 - Patient has relapsed or refractory disease; **AND**
 - Patient does not require urgent cytoreductive therapy; **OR**
- Used in combination with brentuximab vedotin; **AND**
 - Patient is at least 6 months to 39 years of age*; **AND**
 - Used as consolidation/additional therapy in patients who achieve a partial response after therapy for relapsed or refractory disease

* *Pediatric Primary Mediastinal Large B-Cell Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years.*

Urothelial Carcinoma (Bladder Cancer) † ‡ 1,2,8,10,35-37

- Used as a single agent; **AND**
 - Patient has Bacillus Calmette-Guerin (BCG)-unresponsive, high-risk, non-muscle invasive bladder cancer (NMIBC) defined as one of the following:
 - Persistent disease despite adequate BCG therapy**
 - Disease recurrence after an initial tumor free state following an adequate BCG course of therapy**
 - T1 disease following a single induction course of BCG therapy; **AND**
 - Patient has carcinoma in situ (CIS); **AND**
 - Patient is ineligible for or has elected not to undergo cystectomy; **OR**
 - Patient has one of the following diagnoses:
 - Locally advanced or metastatic urothelial carcinoma †
 - Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder
 - Metastatic or local bladder cancer recurrence post-cystectomy
 - Recurrent or metastatic primary carcinoma of the urethra (*excluding recurrence of stage T3-4 disease or palpable inguinal lymph nodes*)
 - Primary carcinoma of the urethra that is stage T3-4 cN1-2 OR cN1-2 with palpable inguinal lymph nodes (*first-line therapy only*)
 - Metastatic upper genitourinary (GU) tract tumors
 - Metastatic urothelial carcinoma of the prostate; **AND**
 - Used for disease that progressed during or following platinum-containing chemotherapy*; **OR**
 - Used as second-line treatment after chemotherapy other than a platinum; **OR**
 - Used as first-line therapy in cisplatin-ineligible patients*; **AND**

- Patient is not eligible for any platinum-containing chemotherapy (i.e., both cisplatin and carboplatin-ineligible)*

* **Note:** 10,18,71,79

- If patient was progression free for > 12 months after platinum therapy, consider re-treatment with platinum-based therapy if the patient is still platinum eligible (see below for cisplatin- or platinum-ineligible comorbidities).
 - Cisplatin-ineligible comorbidities may include the following: CrCl < 60 mL/min, PS ≥ 2, hearing loss of ≥ 25 decibels (dB) at two contiguous frequencies, grade ≥ 2 peripheral neuropathy, or NYHA class ≥ 3. Carboplatin may be substituted for cisplatin particularly in those patients with a CrCl < 60 mL/min or a PS of 2.
 - Platinum-ineligible comorbidities may include the following: CrCl < 30 mL/min, PS ≥ 3, grade ≥ 2 peripheral neuropathy, or NYHA class > 3, etc.

** Adequate BCG therapy is defined as administration of at least five of six doses of an initial induction course AND at least two of three doses of maintenance therapy or at least two of six doses of a second induction course.

Triple-Negative Breast Cancer (TNBC) † ‡ 1,2,69

- Patient has recurrent unresectable or metastatic disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**
 - Used in combination with chemotherapy; **AND**
 - Tumor expresses PD-L1 (combined positive score [CPS] ≥ 10) as determined by an FDA-approved or CLIA-compliant test ❖; **OR**
- Patient has high-risk early-stage disease; **AND**
 - Used as neoadjuvant therapy in combination with chemotherapy; **OR**
 - Used as adjuvant therapy as a single agent following use as neoadjuvant therapy in combination with chemotherapy

Adult Central Nervous System (CNS) Cancer † ‡ 2,47,49,50

- Used as a single agent; **AND**
- Primary tumor is due to BRAF non-specific melanoma or PD-L1 positive non-small cell lung cancer (NSCLC); **AND**
 - Used as initial treatment in patients with small asymptomatic brain metastases; **OR**
 - Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; **OR**
 - Used for recurrent limited brain metastases; **OR**
 - Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options

Pediatric Central Nervous System (CNS) Cancers † ‡ 2,81

- Patient is ≤ 18 years of age; **AND**
- Patient has hypermutated diffuse high-grade glioma; **AND**
 - Used for recurrent or progressive disease as a single agent (*excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant*); **OR**

- Used as adjuvant therapy (*excluding diffuse midline glioma, H3 K27-altered or pontine location*); **AND**
 - Patient is < 3 years of age and used as a single agent; **OR**
 - Patient is ≥ 3 years of age and used following standard brain radiation therapy (RT) with or without concurrent temozolomide

Cervical Cancer † ‡ ^{1,2,42,70}

- Patient has persistent, recurrent, or metastatic disease; **AND**
- Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA-compliant test❖; **AND**
 - Used as a single agent; **AND**
 - Disease has progressed on or after chemotherapy; **OR**
 - Used in combination with chemotherapy

Esophageal or Gastroesophageal Junction Cancer † ‡ ◊ ^{1,2,39-41,66,67}

- Patient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; **AND**
 - Used in combination with platinum- and fluoropyrimidine-based chemotherapy †; **AND**
 - Used as first-line therapy; **OR**
 - Used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy †; **AND**
 - Used as first-line therapy for HER2-positive disease; **AND**
 - Patient has adenocarcinoma; **OR**
 - Used as a single agent; **AND**
 - Patient has squamous cell carcinoma †; **AND**
 - Tumor expresses PD-L1 (CPS ≥ 10) as determined by an FDA-approved or CLIA compliant test❖; **AND**
 - Patient progressed after one or more prior lines of systemic therapy

Gastric Cancer † ‡ ◊ ^{1,2,39,67}

- Patient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; **AND**
- Patient has adenocarcinoma; **AND**
- Used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy; **AND**
- Used as first-line therapy for HER2-positive disease

Gestational Trophoblastic Neoplasia ‡ ^{2,12,55}

- Used as a single agent for multiagent chemotherapy-resistant disease; **AND**
 - Patient has intermediate placental site trophoblastic (PSTT) or epithelioid trophoblastic tumor (ETT); **AND**

- Used for recurrent or progressive disease; **AND**
- Patient was previously treated with a platinum-based regimen; **OR**
- Patient has high risk disease (i.e., ≥ 7 prognostic score or stage IV disease)

Squamous Cell Carcinoma of the Head and Neck (SCCHN) † ‡ 1,2,31,32

- Patient has Cancer of the Nasopharynx; **AND**
 - Used in combination with cisplatin and gemcitabine; **AND**
 - Used for oligometastatic or metastatic disease; **OR**
- Patient has Very Advanced Head and Neck Cancer*; **AND**
 - Patient has nasopharyngeal cancer; **AND**
 - Patient has a performance status 0-1; **AND**
 - Used in combination with cisplatin and gemcitabine; **AND**
 - Used for one of the following:
 - Unresectable locoregional recurrence with prior radiation therapy (RT)
 - Unresectable second primary with prior RT
 - Unresectable persistent disease with prior RT
 - Recurrent/persistent disease with distant metastases; **OR**
 - Patient has NON-nasopharyngeal cancer; **AND**
 - Patient is unfit for surgery or has locally advanced disease; **AND**
 - Used as a single agent as first-line therapy in patients with a performance status (PS) 3; **AND**
 - Tumor expresses PD-L1 (CPS ≥ 1) as determined by an FDA-approved or CLIA-compliant test❖; **OR**
 - Patient has unresectable, recurrent, persistent, or metastatic disease; **AND**
 - Used as a single agent; **AND**
 - Tumor expresses PD-L1 (CPS ≥ 1) as determined by an FDA-approved or CLIA-compliant test❖; **OR**
 - Used as subsequent therapy for disease that has progressed on or after platinum-containing chemotherapy; **OR**
 - Used in combination with fluorouracil and a platinum chemotherapy agent **OR** in combination with docetaxel and either carboplatin or cisplatin; **AND**
 - Patient has a performance status 0-1

* Very Advanced Head and Neck Cancer includes: Newly diagnosed locally advanced T4b (M0) disease, newly diagnosed unresectable nodal disease, metastatic disease at initial presentation (M1), or recurrent or persistent disease.

Hepatocellular Carcinoma (HCC) † Φ 1,43

- Used as a single agent; **AND**
- Patient was previously treated with sorafenib; **AND**

- Patient has Child-Pugh Class A liver impairment (*i.e., excluding Child-Pugh Class B and C*)

Adult Classical Hodgkin Lymphoma (cHL) † Φ^{1,2,33,61}

- Patient has relapsed or refractory disease; **AND**
 - Used as a single agent; **OR**
 - Used in combination with GVD (gemcitabine, vinorelbine, liposomal doxorubicin); **OR**
- Used as a palliative therapy in patients > 60 years of age; **AND**
 - Patient has relapsed or progressive disease after high-dose therapy (HDT)/autologous stem cell transplantation (ASCT); **OR**
 - Patient has relapsed or refractory disease and is transplant-ineligible based on comorbidities or failure of second-line chemotherapy; **OR**
 - Patient is post-allogeneic stem-cell transplant

Pediatric Classical Hodgkin Lymphoma † ‡ Φ^{1,2,33,61}

- Patient is at least 6 months of age*; **AND**
- Used as a single agent; **AND**
 - Patient has refractory disease †; **OR**
 - Patient has relapsed disease; **AND**
 - Used after two (2) or more prior lines of therapy †; **OR**
 - Used as subsequent therapy in patients heavily pretreated with platinum or anthracycline-based chemotherapy ‡; **OR**
 - Used as subsequent therapy in patients with an observed decrease in cardiac function ‡

**Pediatric Classical Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years.*

Renal Cell Carcinoma (RCC) † ‡^{1,2,45,74}

- Patient has clear cell histology; **AND**
 - Used in combination with axitinib or lenvatinib; **AND**
 - Used as first-line therapy for advanced, relapsed, or stage IV disease; **OR**
 - Used as subsequent therapy for relapsed or stage IV disease; **OR**
 - Used as a single agent; **AND**
 - Used as adjuvant therapy †; **AND**
 - Patient has undergone a nephrectomy prior to receiving treatment; **AND**
 - Patient has stage II disease with grade 4 tumors (with or without sarcomatoid features); **OR**
 - Patient has stage III disease; **OR**
 - Patient has a metastasectomy within one year of having undergone a nephrectomy for relapsed or stage IV disease; **OR**

- Patient has non-clear cell histology; **AND**
 - Used as a single agent for relapsed or stage IV disease ‡

Cutaneous Melanoma † ‡ ◊ 1,2,22-24

- Used as first-line therapy as a single agent for unresectable or metastatic* disease; **OR**
- Used as initial treatment of limited resectable disease; **AND**
 - Used as a single agent; **AND**
 - Patient has stage III disease with clinical satellite/in-transit metastases; **OR**
 - Patient has local satellite/in-transit recurrence; **OR**
- Used as subsequent therapy for unresectable or metastatic* disease after disease progression or maximum clinical benefit from BRAF targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); **AND**
 - Used as a single agent; **AND**
 - Anti-PD-1 therapy was not previously used; **OR**
 - Used as re-induction therapy in patients who experienced disease control (*i.e., complete response, partial response, or stable disease with no residual toxicity*) from prior anti-PD-1 therapy, but subsequently have disease progression/relapse > 3 months after treatment discontinuation; **OR**
 - Used in combination with ipilimumab; **AND**
 - Used after progression on single-agent anti-PD-1 therapy and combination ipilimumab/anti-PD-1 therapy was not previously used; **OR**
 - Used as re-induction therapy in patients who experienced disease control (*i.e., complete response, partial response, or stable disease with no residual toxicity*) from prior combination ipilimumab/anti-PD-1 therapy, but subsequently have disease progression/relapse > 3 months after treatment discontinuation; **OR**
- Used as a single agent for adjuvant treatment; **AND**
 - Patient has stage IIB or IIC melanoma following complete resection †; **AND**
 - Patient is at least 12 years of age; **OR**
 - Patient has stage III disease; **AND**
 - Used following complete resection †; **AND**
 - Patient is at least 12 years of age; **OR**
 - Patient has lymph node involvement and has undergone complete lymph node dissection (CLND), therapeutic lymph node dissection (TLND), or nodal basin ultrasound surveillance; **OR**
 - Patient has clinical satellite/in-transit metastases and has no evidence of disease (NED) after complete excision; **OR**
 - Patient has local satellite/in-transit recurrence and has NED after complete excision; **OR**

- Patient has undergone TLND and/or complete excision of disease limited to nodal recurrence; **OR**
- Patient has oligometastatic disease and NED after receiving metastasis-directed therapy (e.g., stereotactic ablative therapy or complete resection) or systemic therapy

**Metastatic disease includes stage III unresectable/borderline resectable disease with clinically positive node(s) or clinical satellite/in-transit metastases, as well as unresectable local satellite/in-transit recurrence, unresectable nodal recurrence, and widely disseminated distant metastatic disease*

Uveal Melanoma ‡^{2,53,54}

- Used as a single agent; **AND**
- Patient has distant metastatic disease

Merkel Cell Carcinoma (MCC) † ‡ ◊^{1,2,9,44}

- Patient is at least 6 months of age; **AND**
- Used as a single agent; **AND**
 - Patient has recurrent disease **AND** both curative surgery and curative radiation therapy are not feasible ‡; **OR**
 - Patient has recurrent locally advanced or metastatic disease †

Adrenal Gland Tumors ‡²

- Patient has locoregional unresectable or metastatic adrenocortical carcinoma (ACC); **AND**
- Used with or without mitotane

Non-Small Cell Lung Cancer (NSCLC) † ‡^{1,2,11,25-29}

- Used for stage III disease †; **AND**
 - Used as first-line therapy as a single-agent in patients who are not candidates for surgical resection or definitive chemoradiation; **AND**
 - Used in patients with tumors expressing PD-L1 (TPS $\geq 1\%$) as determined by an FDA-approved or CLIA compliant test◊ and with no EGFR or ALK genomic tumor aberrations; **OR**
- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
 - Used as first-line therapy; **AND**
 - Used for one of the following:
 - PD-L1 expression-positive (TPS $\geq 1\%$) tumors, as detected by an FDA-approved or CLIA compliant test◊, that are negative for actionable molecular biomarkers*
 - Patients with performance status (PS) 0-1 who have tumors that are negative for actionable molecular biomarkers* and PD-L1 expression $< 1\%$
 - Patients with PS 0-1 who are positive for one of the following molecular mutations: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK1/2/3 gene

fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2);
AND

- Used in combination with pemetrexed **AND** either carboplatin or cisplatin for non-squamous cell histology; **OR**
- Used in combination with carboplatin **AND** either paclitaxel or albumin-bound paclitaxel for squamous cell histology; **OR**
- Used as single agent therapy (*for PD-L1 expression-positive tumors ONLY*) †; **OR**
- Used as subsequent therapy; **AND**
 - Used in patients with tumors expressing PD-L1 (TPS ≥1%) as determined by an FDA-approved or CLIA compliant test †; **AND**
 - Used as single agent therapy †; **OR**
 - Used for one of the following:
 - Patients with PS 0-1 who are positive for one of the following molecular mutations and have received prior targeted therapy §: EGFR exon 19 deletion or L858R tumors, EGFR S768I, L861Q and/or G719X -positive tumors, ALK rearrangement, or ROS1 rearrangement
 - Patients with PS 0-1 who are positive for one of the following molecular mutations: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; **AND**
 - Used in combination with carboplatin **AND** either paclitaxel or albumin-bound paclitaxel for squamous cell histology; **OR**
 - Used in combination with pemetrexed **AND** either carboplatin or cisplatin for non-squamous cell histology; **OR**
- Used as continuation maintenance therapy in patients who have achieved tumor response or stable disease following initial therapy; **AND**
 - Used in combination with pemetrexed following a first-line pembrolizumab/pemetrexed/(carboplatin or cisplatin) regimen for non-squamous cell histology; **OR**
 - Used as a single agent following a first-line pembrolizumab/carboplatin/ (paclitaxel or albumin-bound paclitaxel) regimen for squamous cell histology; **OR**
 - Used as a single agent following a first-line pembrolizumab monotherapy regimen

** Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET exon 14 skipping mutation, RET rearrangement, and ERBB2 (HER2). If there is insufficient issue to allow testing for all of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2), repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.*

Primary Cutaneous Lymphomas †^{2,15}

- Used as a single agent; **AND**
 - Patient has Mycosis Fungoides/Sezary Syndrome; **AND**

- Used as primary therapy OR as subsequent therapy for relapsed or persistent disease; **AND**
 - Patient has stage III Mycosis Fungoides or stage IV Sezary Syndrome; **OR**
 - Patient has generalized cutaneous or extracutaneous lesions with large cell transformation (LCT); **OR**
- Used as subsequent therapy for disease refractory to multiple previous therapies (*excluding use in patients with stage IA, IB, and IIA Mycosis Fungoides*); **OR**
- Patient has primary cutaneous CD30+ T-Cell lymphoproliferative disorders; **AND**
 - Used for relapsed or refractory disease; **AND**
 - Used for primary cutaneous anaplastic large cell lymphoma (ALCL) with multifocal lesions, or cutaneous ALCL with regional node (N1) (excludes systemic ALCL)

Small Cell Lung Cancer (SCLC) ‡ Φ²

- Used as subsequent therapy as a single agent; **AND**
 - Disease has relapsed following a complete or partial response or stable disease with primary treatment (*excluding use in patients who progressed on maintenance atezolizumab or durvalumab at time of relapse*); **OR**
 - Patient has primary progressive disease

Soft Tissue Sarcoma ‡²

- Used as a single agent; **AND**
 - Patient has alveolar soft part sarcoma (ASPS); **OR**
 - Patient has cutaneous angiosarcoma; **OR**
- Used in combination with axitinib; **AND**
 - Patient has alveolar soft part sarcoma (ASPS)

Cutaneous Squamous Cell Carcinoma (cSCC) † ‡^{1,2}

- Used as a single agent; **AND**
 - Patient has locally advanced, recurrent, or metastatic disease that is not curable by surgery or radiation †; **OR**
 - Patient has unresectable, inoperable, or incompletely resected regional disease OR new regional disease that is not curable by radiation therapy ‡

Extranodal NK/T-Cell Lymphomas ‡^{2,48}

- Used as a single agent for relapsed or refractory disease; **AND**
- Disease progressed following additional treatment with an alternative asparaginase-based combination chemotherapy regimen not previously used; **AND**
- Participation in a clinical trial is unavailable

Thymic Carcinoma ‡^{2,16,17}

- Used as a single agent; **AND**

- Used as first-line therapy for unresectable, locally advanced, or metastatic disease in patients who are unable to tolerate first-line combination regimens; **OR**
- Used as postoperative treatment in patients who are unable to tolerate first-line combination regimens; **OR**
- Used as second-line therapy for unresectable or metastatic disease

Endometrial Carcinoma (Uterine Neoplasms) † ‡ 1,2,46,80

- Patient has advanced, recurrent, or metastatic disease that is mismatch repair proficient (pMMR) as determined by an FDA-approved or CLIA-compliant test❖ or NOT microsatellite instability-high (MSI-H); **AND**
- Disease has progressed following prior systemic therapy; **AND**
- Used in combination with lenvatinib

Vulvar Cancer † 2

- Used as a single agent; **AND**
- Patient has adenocarcinoma or squamous cell carcinoma; **AND**
- Patient has advanced, recurrent, or metastatic disease; **AND**
- Tumor expresses PD-L1 (CPS ≥ 1) as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used as second-line therapy for disease progression on or after chemotherapy

Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Cancer † ‡ 1,2,4,38,51

- Patient is at least 6 months of age; **AND**
- Used as a single agent; **AND**
- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA compliant test❖; **AND**
- Pediatric patients must not have a diagnosis of MSI-H central nervous system cancer; **AND**
- Patient has, but is not limited to*, one of the following cancers:
 - Colorectal Cancer † ‡
 - Used for unresectable or medically inoperable, advanced, or metastatic disease (*Note: neoadjuvant therapy is allowed for resectable liver and/or lung metastases OR for clinical T4b colon cancer only*)
 - Appendiceal Adenocarcinoma – Colon Cancer ‡
 - Used as initial therapy for advanced or metastatic disease; **OR**
 - Used as subsequent therapy for advanced or metastatic disease that progressed following previous oxaliplatin- irinotecan- and/or fluoropyrimidine-based therapy
 - Pancreatic Adenocarcinoma ‡
 - Used as subsequent therapy for locally advanced or metastatic disease after progression; **OR**

- Used for recurrent or metastatic disease after resection; **OR**
- Used as first-line therapy for metastatic disease; **OR**
- Used as continuation (maintenance) therapy for metastatic disease if acceptable tolerance and no disease progression after at least 4-6 months of first-line therapy in patients with good performance status (i.e., ECOG PS 0-1)
- Bone Cancer (Ewing Sarcoma, Chordoma [chondroid or conventional histology], Chondrosarcoma [excluding dedifferentiated or mesenchymal subtypes], or Osteosarcoma [excluding high-grade undifferentiated pleomorphic sarcoma]) ‡
 - Used for unresectable or metastatic disease that has progressed following prior treatment; **AND**
 - Patient has no satisfactory alternative treatment options
- Gastric Cancer (Adenocarcinoma) OR Esophageal/Gastroesophageal Junction Adenocarcinoma or Squamous Cell Carcinoma ‡
 - Used as subsequent therapy for patients who are not surgical candidates or have unresectable locally advanced, recurrent, or metastatic disease
- Ovarian Cancer (Epithelial Ovarian, Fallopian Tube, and Primary Peritoneal Cancers) ‡
 - Used for persistent or recurrent disease; **AND**
 - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 with no radiographic evidence of disease)
- Uterine Neoplasms (Endometrial Carcinoma)
 - Used as second-line therapy for recurrent or metastatic disease ‡; **OR**
 - Patient has advanced disease that has progressed following prior systemic therapy in any setting and is not a candidate for curative surgery or radiation †
- Penile Cancer ‡
 - Used as subsequent therapy for unresectable or metastatic disease that has progressed following prior treatment; **AND**
 - Patient has no satisfactory alternative treatment options
- Testicular Cancer ‡
 - Used as third-line therapy
- Hepatobiliary Adenocarcinoma (Gallbladder Cancer, Intra-/Extra-hepatic Cholangiocarcinoma) ‡
 - Used as primary treatment for unresectable or metastatic disease; **OR**
 - Used for unresectable or metastatic disease that has progressed on or after prior treatment
- Vulvar Cancer ‡
 - Patient has adenocarcinoma or squamous cell carcinoma; **AND**
 - Used as second-line therapy for advanced, recurrent, or metastatic disease
- Cervical Cancer ‡

- Used as subsequent therapy for persistent, recurrent, or metastatic disease
- Small Bowel Adenocarcinoma ‡
 - Used for advanced or metastatic disease; **AND**
 - Used as initial therapy; **OR**
 - Used as subsequent therapy for patients with no prior oxaliplatin exposure in the adjuvant treatment setting and no contraindication to oxaliplatin therapy
- Ampullary Adenocarcinoma ‡
 - Used as subsequent therapy for disease progression; **OR**
 - Used as first-line therapy for unresectable localized or metastatic disease
- Breast Cancer ‡
 - Used for recurrent unresectable or metastatic disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**
 - Patient has progressed following prior treatment; **AND**
 - Patient has no satisfactory alternative treatment options
- Occult Primary/Cancer of Unknown Primary (CUP) ‡
 - Used in symptomatic patients with PS 1-2 OR asymptomatic patients with PS 0 and aggressive disease; **AND**
 - Patient has squamous cell carcinoma; **AND**
 - Patient has multiple lung nodules, pleural effusion, or disseminated metastases; **OR**
 - Patient has adenocarcinoma or carcinoma not otherwise specified; **AND**
 - Patient has one of the following:
 - Axillary involvement in those with a prostate or post-prostatectomy if clinically indicated
 - Lung nodules or breast marker-negative pleural effusion
 - Resectable liver disease
 - Peritoneal mass or ascites with non-ovarian histology
 - Retroperitoneal mass of non-germ cell histology in selected patients
 - Unresectable liver disease or disseminated metastases
- Very Advanced Squamous Cell Carcinoma of the Head and Neck (SCCHN) ‡
 - Patient has non-nasopharyngeal cancer; **AND**
 - Patient is unfit for surgery or has locally advanced, unresectable, recurrent/persistent, or metastatic disease
- Prostate Cancer ‡
 - Patient has castration-resistant metastatic disease; **AND**
 - Patient will continue androgen deprivation therapy (ADT); **AND**

- Patient received prior docetaxel and prior novel hormone therapy (*excluding patients with visceral metastases*)
- Well-Differentiated Grade 3 Neuroendocrine Tumors ‡
 - Patient has progressed following prior treatment and has no satisfactory alternative treatment options; **AND**
 - Patient has locally advanced/metastatic disease with unfavorable biology (e.g., relative high Ki-67 [$\geq 55\%$], rapid growth rate, negative SSTR-based PET imaging); **OR**
 - Patient has unresectable locally advanced/metastatic disease with favorable biology (e.g., relatively low Ki-67 [$< 55\%$], positive SSTR-based PET imaging); **AND**
 - Patient has clinically significant tumor burden or evidence of disease progression
- Neuroendocrine Tumors (Extrapulmonary Poorly Differentiated Neuroendocrine Carcinoma/Large or Small Cell Carcinoma/Mixed Neuroendocrine-Non-Neuroendocrine Neoplasm) ‡
 - Patient has locoregional unresectable or metastatic disease; **AND**
 - Patient progressed following prior treatment and has no satisfactory alternative treatment options

**Note: Solid tumors not listed, that are MSI-H or TMB-H, will be reviewed on a case-by-case basis and considered medically necessary when all other relevant medication and indication specific criteria are met.*

Tumor Mutational Burden-High (TMB-H) Cancer † ‡^{1,2}

- Patient is at least 6 months of age; **AND**
- Patient has solid tumors that are tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used as a single agent; **AND**
- Pediatric patients must not have a diagnosis of TMB-H central nervous system cancer; **AND**
- Patient has, but is not limited to*, one of the following cancers:
 - Bone Cancer (Ewing Sarcoma, Chordoma [*chondroid or conventional histology*], Chondrosarcoma [*excluding dedifferentiated or mesenchymal subtypes*], or Osteosarcoma [*excluding high-grade undifferentiated pleomorphic sarcoma*]) ‡
 - Patient has unresectable or metastatic disease that progressed following prior treatment; **AND**
 - Patient has no satisfactory alternative treatment options
 - Breast Cancer ‡
 - Patient has recurrent unresectable or metastatic disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**

- Patient has progressed following prior treatment; **AND**
- Patient has no satisfactory alternative treatment options
- Cervical Cancer ‡
 - Used as subsequent therapy for unresectable or metastatic disease; **AND**
 - Patient has progressed following prior treatment; **AND**
 - Patient has no satisfactory alternative treatment options
- Gastric Cancer (Adenocarcinoma) OR Esophageal/Gastroesophageal Junction Adenocarcinoma or Squamous Cell Carcinoma ‡
 - Used as subsequent therapy for patients who are not surgical candidates or have unresectable locally advanced, recurrent, or metastatic disease
- Hepatobiliary Adenocarcinoma (Gallbladder Cancer, Intra-/Extra-hepatic Cholangiocarcinoma) ‡
 - Used for unresectable or metastatic disease that has progressed on or after prior systemic treatment
- Head and Neck Cancers
 - Salivary Gland Tumors ‡
 - Used for recurrent metastatic disease in patients with a PS 0-3; **OR**
 - Used for unresectable locoregional recurrence or second primary with prior radiation therapy
 - Cancer of the Nasopharynx ‡
 - Used as subsequent therapy for oligometastatic or metastatic disease
- Thyroid Carcinoma ‡
 - Anaplastic Carcinoma
 - Used as first- or second-line therapy for metastatic disease
 - Follicular Carcinoma, Papillary Carcinoma, Hürthle Cell Carcinoma
 - Patient has progressive and/or symptomatic unresectable locoregional recurrent/persistent or metastatic disease not amenable to radioactive iodine (RAI) therapy
 - Medullary Carcinoma
 - Patient has unresectable locoregional or recurrent/persistent metastatic disease that is either symptomatic or progressing
- Uterine Neoplasms (Uterine Sarcoma [excluding low-grade endometrial stromal sarcoma], Endometrial Carcinoma) ‡
 - Used as second-line therapy for unresectable or metastatic disease that progressed following prior treatment; **AND**
 - Patient has no satisfactory alternative treatment options
- Vulvar Cancer ‡

- Patient has adenocarcinoma or squamous cell carcinoma; **AND**
- Used as second-line therapy for advanced, recurrent, or metastatic disease that progressed following prior treatment; **AND**
- Patient has no satisfactory alternative treatment options
- Testicular Cancer ‡
 - Used as third-line therapy
- Occult Primary/Cancer of Unknown Primary (CUP) ‡
 - Used in symptomatic patients with PS 1-2 OR asymptomatic patients with PS 0 and aggressive disease; **AND**
 - Patient has squamous cell carcinoma; **AND**
 - Patient has multiple lung nodules, pleural effusion, or disseminated metastases; **OR**
 - Patient has adenocarcinoma or carcinoma not otherwise specified; **AND**
 - Patient has one of the following:
 - Axillary involvement in those with a prostate or post-prostatectomy if clinically indicated
 - Lung nodules or breast marker-negative pleural effusion
 - Resectable liver disease
 - Peritoneal mass or ascites with non-ovarian histology
 - Retroperitoneal mass of non-germ cell histology in selected patients
 - Unresectable liver disease or disseminated metastases
- Ovarian Cancer (Epithelial Ovarian, Fallopian Tube, and Primary Peritoneal Cancers) ‡
 - Used for persistent or recurrent disease; **AND**
 - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 with no radiographic evidence of disease)
- Penile Cancer ‡
 - Used as subsequent therapy for unresectable or metastatic disease that has progressed on previously approved lines of therapy
- Prostate Cancer ‡
 - Patient has castration-resistant metastatic disease; **AND**
 - Patient will continue androgen deprivation therapy (ADT); **AND**
 - Patient received prior docetaxel and prior novel hormone therapy (*excluding patients with visceral metastases*)
- Well-Differentiated Grade 3 Neuroendocrine Tumors ‡
 - Patient has progressed following prior treatment and has no satisfactory alternative treatment options; **AND**

- Patient has locally advanced/metastatic disease with unfavorable biology (e.g., relative high Ki-67 [$\geq 55\%$], rapid growth rate, negative SSTR-based PET imaging); **OR**
- Patient has unresectable locally advanced/metastatic disease with favorable biology (e.g., relatively low Ki-67 [$< 55\%$], positive SSTR-based PET imaging); **AND**
 - Patient clinically significant tumor burden or evidence of disease progression
- Neuroendocrine Tumors (Extrapulmonary Poorly Differentiated Neuroendocrine Carcinoma/Large or Small Cell Carcinoma/Mixed Neuroendocrine-Non-Neuroendocrine Neoplasm) †
 - Patient has locoregional unresectable or metastatic disease; **AND**
 - Patient progressed following prior treatment and has no satisfactory alternative treatment options
- Ampullary Adenocarcinoma †
 - Used as subsequent therapy for disease progression; **OR**
 - Used as first-line therapy for unresectable localized or metastatic disease
- Pancreatic Adenocarcinoma †
 - Used as subsequent therapy for locally advanced or metastatic disease after progression; **OR**
 - Used for recurrent or metastatic disease after resection; **OR**
 - Used as first-line therapy for metastatic disease; **OR**
 - Used as continuation (maintenance) therapy for metastatic disease if acceptable tolerance and disease no progression after at least 4-6 months of first-line therapy in patients with good performance status (i.e., ECOG PS 0-1)
- Soft Tissue Sarcoma †
 - Patient has myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), cutaneous angiosarcoma, or undifferentiated sarcoma; **AND**
 - Patient progressed following prior treatment and has no satisfactory alternative treatment options; **AND**
 - Used as subsequent therapy for advanced or metastatic Extremity/Body Wall, Head/Neck disease; **OR**
 - Used as subsequent therapy for recurrent unresectable or recurrent stage IV Retroperitoneal/Intra-Abdominal disease

**Note: Solid tumors not listed, that are MSI-H or TMB-H, will be reviewed on a case-by-case basis and considered medically necessary when all other relevant medication and indication specific criteria are met.*

❖ *If confirmed using an immunotherapy assay-<http://www.fda.gov/companiondiagnostics>*

† FDA Approved Indication(s); ‡ Compendia Approved Indication(s); Ⓞ Orphan Drug

| Genomic Aberration/Mutational Driver Targeted Therapies (Note: not all inclusive, refer to guidelines for appropriate use) § | | | | | |
|---|--|--|--|--|--|
| Sensitizing EGFR mutation-positive tumors | ALK rearrangement-positive tumors | ROS1 rearrangement-positive tumors | BRAF V600E-mutation positive tumors | NTRK1/2/3 gene fusion positive tumors | ERBB2 (HER2) mutation positive tumors |
| <ul style="list-style-type: none"> – Afatinib – Erlotinib – Dacomitinib – Gefitinib – Osimertinib – Amivantamab (exon-20 insertion) – Mobocertinib (exon-20 insertion) | <ul style="list-style-type: none"> – Alectinib – Brigatinib – Ceritinib – Crizotinib – Lorlatinib | <ul style="list-style-type: none"> – Ceritinib – Crizotinib – Entrectinib – Lorlatinib | <ul style="list-style-type: none"> – Dabrafenib ± trametinib – Vemurafenib | <ul style="list-style-type: none"> – Larotrectinib – Entrectinib | <ul style="list-style-type: none"> – Fam-trastuzumab deruxtecan-nxki – Ado-trastuzumab emtansine |
| PD-L1 tumor expression ≥ 1% | PD-L1 tumor expression ≥ 50% | MET exon-14 skipping mutations | RET rearrangement-positive tumors | KRAS G12C mutation positive tumors | |
| <ul style="list-style-type: none"> – Pembrolizumab – Atezolizumab – Nivolumab + ipilimumab | <ul style="list-style-type: none"> – Pembrolizumab – Atezolizumab – Nivolumab + ipilimumab – Cemiplimab | <ul style="list-style-type: none"> – Capmatinib – Crizotinib – Tepotinib | <ul style="list-style-type: none"> – Selpercatinib – Cabozantinib – Pralsetinib | <ul style="list-style-type: none"> – Sotorasib | |

IV. Renewal Criteria ^{Δ 1-3,5,15-17}

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, severe immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatologic adverse reactions/rash, etc.), hepatotoxicity when used in combination with axitinib, complications of allogeneic hematopoietic stem cell transplantation (HSCT), etc.; **AND**
- For the following indications, patient has not exceeded a maximum of twenty-four (24) months of therapy:
 - Adrenal Gland Tumors
 - Anal Carcinoma
 - Bladder Cancer/Urothelial Carcinoma
 - Cervical Cancer
 - Classical Hodgkin Lymphoma (cHL)
 - CNS Cancer
 - Cutaneous Melanoma (in combination with ipilimumab only)
 - Cutaneous Squamous Cell Carcinoma (cSCC)

- Endometrial Carcinoma
- Esophageal/Gastroesophageal Junction Cancer
- Gastric Cancer
- Hepatocellular Carcinoma (HCC)
- Merkel Cell Carcinoma (MCC)
- MSI-H/dMMR Cancer
- Non-Small Cell Lung Cancer (NSCLC)
- Primary Cutaneous Lymphomas
- Primary Mediastinal Large B-Cell Lymphoma (PMBCL)
- Renal Cell Carcinoma (RCC) (first-line or subsequent therapy)
- Small Cell Lung Cancer (SCLC)
- Squamous Cell Carcinoma of the Head and Neck (SCCHN)
- Thymic Carcinoma
- Tumor Mutational Burden-High (TMB-H) Cancer
- Triple Negative Breast Cancer (recurrent unresectable or metastatic disease)
- Uveal Melanoma
- Vulvar Cancer

Cutaneous Melanoma (adjuvant treatment)

- Patient has not exceeded a maximum of twelve (12) months of therapy

Renal Cell Carcinoma (adjuvant treatment)

- Patient has not exceeded a maximum of twelve (12) months of therapy

Triple Negative Breast Cancer (neoadjuvant treatment)

- Patient has not exceeded a maximum of twenty-four (24) weeks of therapy

Triple Negative Breast Cancer (adjuvant treatment)

- Patient has not exceeded a maximum of twenty-seven (27) weeks of therapy

Cutaneous Melanoma (subsequent treatment after prior anti-PD-1 immunotherapy) ‡

- *Refer to Section III for criteria*

Continuation Maintenance Therapy for NSCLC

- *Refer to Section III for criteria*

^Δ Notes:

- Patients responding to therapy who relapse ≥ 6 months after discontinuation due to duration (i.e., receipt of 24 months of therapy) are eligible to re-initiate PD-directed therapy.
- Patients who complete adjuvant therapy and progress ≥ 6 months after discontinuation are eligible to re-initiate PD-directed therapy for metastatic disease.
- Patients whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate PD-directed therapy and will be evaluated on a case-by-case basis.

V. Dosage/Administration ^Δ 1-6,8,12,13,15-17,22-48,50-56,62,65,72,73,75-77,83

| Indication | Dose |
|---|---|
| Bladder Cancer/Urothelial Carcinoma, Cervical, cSCC, Endometrial Carcinoma (excluding MSI-H/dMMR), Esophageal, GEJ, Gastric, HCC, NSCLC, SCCHN, & TNBC (recurrent unresectable or metastatic disease) | 200 mg intravenously every 3 weeks or 400 mg intravenously every 6 weeks up to a maximum of 24 months in patients without disease progression or unacceptable toxicity <i>*NMIBC treatment may continue up to a maximum of 24 months in patients without persistent or recurrent disease, disease progression, or unacceptable toxicity.</i> |
| RCC | <u>First-line or subsequent therapy:</u> 200 mg intravenously every 3 weeks or 400 mg intravenously every 6 weeks up to a maximum of 24 months in patients without disease progression or unacceptable toxicity <u>Adjuvant therapy:</u> 200 mg intravenously every 3 weeks or 400 mg intravenously every 6 weeks up to a maximum of 12 months in patients without disease recurrence or unacceptable toxicity |
| TNBC (neoadjuvant or adjuvant therapy) | <u>Neoadjuvant therapy:</u> 200 mg intravenously every 3 weeks or 400 mg intravenously every 6 weeks up to a maximum of 24 weeks in patients without disease progression or unacceptable toxicity (up to 8 doses of 200 mg every 3 weeks or 4 doses of 400 mg every 6 weeks) <u>Adjuvant therapy*:</u> 200 mg intravenously every 3 weeks or 400 mg intravenously every 6 weeks up to a maximum of 27 weeks in patients without disease recurrence or unacceptable toxicity (up to 9 doses of 200 mg every 3 weeks or 5 doses of 400 mg every 6 weeks) <i>* Patients who experience disease progression or unacceptable toxicity related to KEYTRUDA with neoadjuvant treatment in combination with chemotherapy should not receive adjuvant single agent KEYTRUDA.</i> |
| Adrenal Gland Tumors, Thymic Carcinoma, & Vulvar Cancer | 200 mg intravenously every 3 weeks up to a maximum of 24 months in patients without disease progression or unacceptable toxicity |
| Cutaneous Melanoma | <u>Single agent therapy (excluding adjuvant treatment):</u> 200 mg intravenously every 3 weeks or 400 mg every 6 weeks until disease progression or unacceptable toxicity <u>In combination with ipilimumab:</u> 200 mg intravenously every 3 weeks up to a maximum of 24 months in patients without disease progression or unacceptable toxicity <u>Adjuvant treatment:</u> |

| | |
|--|---|
| | <p><u>Adults:</u> 200 mg intravenously every 3 weeks or 400 mg every 6 weeks up to a maximum of 12 months in patients without disease recurrence or unacceptable toxicity</p> <p><u>Pediatrics:</u> 2 mg/kg (up to 200 mg) intravenously every 21 days up to a maximum of 12 months in patients without disease recurrence or unacceptable toxicity</p> |
| Uveal Melanoma | 2 mg/kg intravenously every 3 weeks up to a maximum of 24 months in patients without disease progression or unacceptable toxicity |
| cHL, MCC, MSI-H/dMMR Cancer, PMBCL, & TMB-H Cancer | <p><u>Adults*:</u> 200 mg intravenously every 3 weeks or 400 mg every 6 weeks</p> <p><u>Pediatrics*:</u> 2 mg/kg (up to 200 mg) intravenously every 21 days</p> <p><i>* Up to a maximum of 24 months in patients without disease progression or unacceptable toxicity</i></p> |
| CNS Cancer | <p><u>Adults:</u> 10 mg/kg intravenously every 2 weeks for up to 24 months in patients without disease progression or unacceptable toxicity</p> <p><u>Pediatrics:</u> 2 mg/kg (up to 200 mg) intravenously every 21 days for up to 24 months in patients without disease progression or unacceptable toxicity</p> |
| Extranodal NK/T-Cell Lymphomas | 2 mg/kg intravenously every 3 weeks |
| Primary Cutaneous Lymphomas | 2 mg/kg intravenously every 3 weeks up to a maximum of 24 months in patients without disease progression or unacceptable toxicity |
| Gestational Trophoblastic Neoplasia | 200 mg intravenously every 3 weeks or 400 mg intravenously every 6 weeks |
| Soft Tissue Sarcoma | 200 mg intravenously every 3 weeks |
| Anal Carcinoma | 200 mg intravenously every 3 weeks or 400 mg intravenously every 6 weeks or 2 mg/kg intravenously every 3 weeks, up to a maximum of 24 months in patients without disease progression or unacceptable toxicity |
| Small Cell Lung Cancer (SCLC) | 10 mg/kg intravenously every 2 weeks or 200 mg intravenously every 3 weeks, up to a maximum of 24 months in patients without disease progression or unacceptable toxicity |
| <p><u>Dosing should be calculated using actual body weight and not flat dosing (as applicable) based on the following:</u></p> <ul style="list-style-type: none"> • Standard dose 200 mg IV every 3 weeks for patients > 50 kg • Use 100 mg IV every 3 weeks for patients ≤ 50 kg <p>-OR-</p> | |

- Standard dose 400 mg IV every 6 weeks for patients weighing > 82.5 kg
- Use 300 mg IV every 6 weeks for patients weighing between 56 to 82.5 kg
- Use 200 mg IV every 6 weeks for patients weighing ≤ 55 kg

Note: This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide. Patient-specific variables should be taken into account.

VI. Billing Code/Availability Information

HCPCS Code:

- J9271 – Injection, pembrolizumab, 1 mg; 1 billable unit = 1 mg

NDC:

- Keytruda 100 mg/4 mL single-dose vial: 00006-3026-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description |
|--------|---|
| C00.0 | Malignant neoplasm of external upper lip |
| C00.1 | Malignant neoplasm of external lower lip |
| C00.2 | Malignant neoplasm of external lip, unspecified |
| C00.3 | Malignant neoplasm of upper lip, inner aspect |
| C00.4 | Malignant neoplasm of lower lip, inner aspect |
| C00.5 | Malignant neoplasm of lip, unspecified, inner aspect |
| C00.6 | Malignant neoplasm of commissure of lip, unspecified |
| C00.8 | Malignant neoplasm of overlapping sites of lip |
| C00.9 | Malignant neoplasm of lip, unspecified |
| C01 | Malignant neoplasm of base of tongue |
| C02.0 | Malignant neoplasm of dorsal surface of tongue |
| C02.1 | Malignant neoplasm of border of tongue |
| C02.2 | Malignant neoplasm of ventral surface of tongue |
| C02.3 | Malignant neoplasm of anterior two-thirds of tongue, part unspecified |
| C02.4 | Malignant neoplasm of lingual tonsil |
| C02.8 | Malignant neoplasm of overlapping sites of tongue |
| C02.9 | Malignant neoplasm of tongue, unspecified |
| C03.0 | Malignant neoplasm of upper gum |
| C03.1 | Malignant neoplasm of lower gum |
| C03.9 | Malignant neoplasm of gum, unspecified |
| C04.0 | Malignant neoplasm of anterior floor of mouth |
| C04.1 | Malignant neoplasm of lateral floor of mouth |
| C04.8 | Malignant neoplasm of overlapping sites of floor of mouth |
| C04.9 | Malignant neoplasm of floor of mouth, unspecified |
| C05.0 | Malignant neoplasm of hard palate |
| C05.1 | Malignant neoplasm of soft palate |
| C05.8 | Malignant neoplasm of overlapping sites of palate |
| C05.9 | Malignant neoplasm of palate, unspecified |
| C06.0 | Malignant neoplasm of cheek mucosa |
| C06.2 | Malignant neoplasm of retromolar area |
| C06.80 | Malignant neoplasm of overlapping sites of unspecified parts of mouth |
| C06.89 | Malignant neoplasm of overlapping sites of other parts of mouth |
| C06.9 | Malignant neoplasm of mouth, unspecified |

| ICD-10 | ICD-10 Description |
|--------|---|
| C07 | Malignant neoplasm of parotid gland |
| C08.0 | Malignant neoplasm of submandibular gland |
| C08.1 | Malignant neoplasm of sublingual gland |
| C08.9 | Malignant neoplasm of major salivary gland, unspecified |
| C09.0 | Malignant neoplasm of tonsillar fossa |
| C09.1 | Malignant neoplasm of tonsillar pillar (anterior) (posterior) |
| C09.8 | Malignant neoplasm of overlapping sites of tonsil |
| C09.9 | Malignant neoplasm of tonsil, unspecified |
| C10.0 | Malignant neoplasm of vallecula |
| C10.1 | Malignant neoplasm of anterior surface of epiglottis |
| C10.2 | Malignant neoplasm of lateral wall of oropharynx |
| C10.3 | Malignant neoplasm of posterior wall of oropharynx |
| C10.4 | Malignant neoplasm of branchial cleft |
| C10.8 | Malignant neoplasm of overlapping sites of oropharynx |
| C10.9 | Malignant neoplasm of oropharynx, unspecified |
| C11.0 | Malignant neoplasm of superior wall of nasopharynx |
| C11.1 | Malignant neoplasm of posterior wall of nasopharynx |
| C11.2 | Malignant neoplasm of lateral wall of nasopharynx |
| C11.3 | Malignant neoplasm of anterior wall of nasopharynx |
| C11.8 | Malignant neoplasm of overlapping sites of nasopharynx |
| C11.9 | Malignant neoplasm of nasopharynx, unspecified |
| C12 | Malignant neoplasm of pyriform sinus |
| C13.0 | Malignant neoplasm of postcricoid region |
| C13.1 | Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect |
| C13.2 | Malignant neoplasm of posterior wall of hypopharynx |
| C13.8 | Malignant neoplasm of overlapping sites of hypopharynx |
| C13.9 | Malignant neoplasm of hypopharynx, unspecified |
| C14.0 | Malignant neoplasm of pharynx, unspecified |
| C14.2 | Malignant neoplasm of Waldeyer's ring |
| C14.8 | Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx |
| C15.3 | Malignant neoplasm of upper third of esophagus |
| C15.4 | Malignant neoplasm of middle third of esophagus |
| C15.5 | Malignant neoplasm of lower third of esophagus |
| C15.8 | Malignant neoplasm of overlapping sites of esophagus |
| C15.9 | Malignant neoplasm of esophagus, unspecified |
| C16.0 | Malignant neoplasm of cardia |
| C16.1 | Malignant neoplasm of fundus of stomach |
| C16.2 | Malignant neoplasm of body of stomach |

| ICD-10 | ICD-10 Description |
|--------|--|
| C16.3 | Malignant neoplasm of pyloric antrum |
| C16.4 | Malignant neoplasm of pylorus |
| C16.5 | Malignant neoplasm of lesser curvature of stomach, unspecified |
| C16.6 | Malignant neoplasm of greater curvature of stomach, unspecified |
| C16.8 | Malignant neoplasm of overlapping sites of stomach |
| C16.9 | Malignant neoplasm of stomach, unspecified |
| C17.0 | Malignant neoplasm of duodenum |
| C17.1 | Malignant neoplasm of jejunum |
| C17.2 | Malignant neoplasm of ileum |
| C17.3 | Meckel's diverticulum, malignant |
| C17.8 | Malignant neoplasm of overlapping sites of small intestine |
| C17.9 | Malignant neoplasm of small intestine, unspecified |
| C18.0 | Malignant neoplasm of cecum |
| C18.1 | Malignant neoplasm of appendix |
| C18.2 | Malignant neoplasm of ascending colon |
| C18.3 | Malignant neoplasm of hepatic flexure |
| C18.4 | Malignant neoplasm of transverse colon |
| C18.5 | Malignant neoplasm of splenic flexure |
| C18.6 | Malignant neoplasm of descending colon |
| C18.7 | Malignant neoplasm of sigmoid colon |
| C18.8 | Malignant neoplasm of overlapping sites of colon |
| C18.9 | Malignant neoplasm of colon, unspecified |
| C19 | Malignant neoplasm of rectosigmoid junction |
| C20 | Malignant neoplasm of rectum |
| C21.0 | Malignant neoplasm of anus, unspecified |
| C21.1 | Malignant neoplasm of anal canal |
| C21.2 | Malignant neoplasm of cloacogenic zone |
| C21.8 | Malignant neoplasm of overlapping sites of rectum, anus and anal canal |
| C22.0 | Liver cell carcinoma |
| C22.1 | Intrahepatic bile duct carcinoma |
| C22.3 | Angiosarcoma of liver |
| C22.8 | Malignant neoplasm of liver, primary, unspecified as to type |
| C22.9 | Malignant neoplasm of liver, not specified as primary or secondary |
| C23 | Malignant neoplasm of gallbladder |
| C24.0 | Malignant neoplasm of extrahepatic bile duct |
| C24.1 | Malignant neoplasm of ampulla of Vater |
| C24.8 | Malignant neoplasm of overlapping sites of biliary tract |
| C24.9 | Malignant neoplasm of biliary tract, unspecified |

| ICD-10 | ICD-10 Description |
|--------|--|
| C25.0 | Malignant neoplasm of head of pancreas |
| C25.1 | Malignant neoplasm of body of the pancreas |
| C25.2 | Malignant neoplasm of tail of pancreas |
| C25.3 | Malignant neoplasm of pancreatic duct |
| C25.7 | Malignant neoplasm of other parts of pancreas |
| C25.8 | Malignant neoplasm of overlapping sites of pancreas |
| C25.9 | Malignant neoplasm of pancreas, unspecified |
| C30.0 | Malignant neoplasm of nasal cavity |
| C31.0 | Malignant neoplasm of maxillary sinus |
| C31.1 | Malignant neoplasm of ethmoidal sinus |
| C32.0 | Malignant neoplasm of glottis |
| C32.1 | Malignant neoplasm of supraglottis |
| C32.2 | Malignant neoplasm of subglottis |
| C32.3 | Malignant neoplasm of laryngeal cartilage |
| C32.8 | Malignant neoplasm of overlapping sites of larynx |
| C32.9 | Malignant neoplasm of larynx, unspecified |
| C33 | Malignant neoplasm of trachea |
| C34.00 | Malignant neoplasm of unspecified main bronchus |
| C34.01 | Malignant neoplasm of right main bronchus |
| C34.02 | Malignant neoplasm of left main bronchus |
| C34.10 | Malignant neoplasm of upper lobe, unspecified bronchus or lung |
| C34.11 | Malignant neoplasm of upper lobe, right bronchus or lung |
| C34.12 | Malignant neoplasm of upper lobe, left bronchus or lung |
| C34.2 | Malignant neoplasm of middle lobe, bronchus or lung |
| C34.30 | Malignant neoplasm of lower lobe, unspecified bronchus or lung |
| C34.31 | Malignant neoplasm of lower lobe, right bronchus or lung |
| C34.32 | Malignant neoplasm of lower lobe, left bronchus or lung |
| C34.80 | Malignant neoplasm of overlapping sites of unspecified bronchus and lung |
| C34.81 | Malignant neoplasm of overlapping sites of right bronchus and lung |
| C34.82 | Malignant neoplasm of overlapping sites of left bronchus and lung |
| C34.90 | Malignant neoplasm of unspecified part of unspecified bronchus or lung |
| C34.91 | Malignant neoplasm of unspecified part of right bronchus or lung |
| C34.92 | Malignant neoplasm of unspecified part of left bronchus or lung |
| C37 | Malignant neoplasm of thymus |
| C40.00 | Malignant neoplasm of scapula and long bones of unspecified upper limb |
| C40.01 | Malignant neoplasm of scapula and long bones of right upper limb |
| C40.02 | Malignant neoplasm of scapula and long bones of left upper limb |
| C40.10 | Malignant neoplasm of short bones of unspecified upper limb |

| ICD-10 | ICD-10 Description |
|---------|---|
| C40.11 | Malignant neoplasm of short bones of right upper limb |
| C40.12 | Malignant neoplasm of short bones of left upper limb |
| C40.20 | Malignant neoplasm of long bones of unspecified lower limb |
| C40.21 | Malignant neoplasm of long bones of right lower limb |
| C40.22 | Malignant neoplasm of long bones of left lower limb |
| C40.30 | Malignant neoplasm of short bones of unspecified lower limb |
| C40.31 | Malignant neoplasm of short bones of right lower limb |
| C40.32 | Malignant neoplasm of short bones of left lower limb |
| C40.80 | Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb |
| C40.81 | Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb |
| C40.82 | Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb |
| C40.90 | Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb |
| C40.91 | Malignant neoplasm of unspecified bones and articular cartilage of right limb |
| C40.92 | Malignant neoplasm of unspecified bones and articular cartilage of left limb |
| C41.0 | Malignant neoplasm of bones of skull and face |
| C41.1 | Malignant neoplasm of mandible |
| C41.2 | Malignant neoplasm of vertebral column |
| C41.3 | Malignant neoplasm of ribs, sternum and clavicle |
| C41.4 | Malignant neoplasm of pelvic bones, sacrum and coccyx |
| C41.9 | Malignant neoplasm of bone and articular cartilage, unspecified |
| C43.0 | Malignant melanoma of lip |
| C43.10 | Malignant melanoma of unspecified eyelid, including canthus |
| C43.11 | Malignant melanoma of right eyelid, including canthus |
| C43.12 | Malignant melanoma of left eyelid, including canthus |
| C43.111 | Malignant melanoma of right upper eyelid, including canthus |
| C43.112 | Malignant melanoma of right lower eyelid, including canthus |
| C43.121 | Malignant melanoma of left upper eyelid, including canthus |
| C43.122 | Malignant melanoma of left lower eyelid, including canthus |
| C43.20 | Malignant melanoma of unspecified ear and external auricular canal |
| C43.21 | Malignant melanoma of right ear and external auricular canal |
| C43.22 | Malignant melanoma of left ear and external auricular canal |
| C43.30 | Malignant melanoma of unspecified part of face |
| C43.31 | Malignant melanoma of nose |
| C43.39 | Malignant melanoma of other parts of face |
| C43.4 | Malignant melanoma of scalp and neck |
| C43.51 | Malignant melanoma of anal skin |
| C43.52 | Malignant melanoma of skin of breast |
| C43.59 | Malignant melanoma of other part of trunk |

| ICD-10 | ICD-10 Description |
|----------|---|
| C43.60 | Malignant melanoma of unspecified upper limb, including shoulder |
| C43.61 | Malignant melanoma of right upper limb, including shoulder |
| C43.62 | Malignant melanoma of left upper limb, including shoulder |
| C43.70 | Malignant melanoma of unspecified lower limb, including hip |
| C43.71 | Malignant melanoma of right lower limb, including hip |
| C43.72 | Malignant melanoma of left lower limb, including hip |
| C43.8 | Malignant melanoma of overlapping sites of skin |
| C43.9 | Malignant melanoma of skin, unspecified |
| C44.00 | Unspecified malignant neoplasm of skin of lip |
| C44.02 | Squamous cell carcinoma of skin of lip |
| C44.09 | Other specified malignant neoplasm of skin of lip |
| C44.121 | Squamous cell carcinoma of skin of unspecified eyelid, including canthus |
| C44.1221 | Squamous cell carcinoma of skin of right upper eyelid, including canthus |
| C44.1222 | Squamous cell carcinoma of skin of right lower eyelid, including canthus |
| C44.1291 | Squamous cell carcinoma of skin of left upper eyelid, including canthus |
| C44.1292 | Squamous cell carcinoma of skin of left lower eyelid, including canthus |
| C44.221 | Squamous cell carcinoma of skin of unspecified ear and external auricular canal |
| C44.222 | Squamous cell carcinoma of skin of right ear and external auricular canal |
| C44.229 | Squamous cell carcinoma of skin of left ear and external auricular canal |
| C44.320 | Squamous cell carcinoma of skin of unspecified parts of face |
| C44.321 | Squamous cell carcinoma of skin of nose |
| C44.329 | Squamous cell carcinoma of skin of other parts of face |
| C44.42 | Squamous cell carcinoma of skin of scalp and neck |
| C44.520 | Squamous cell carcinoma of anal skin |
| C44.521 | Squamous cell carcinoma of skin of breast |
| C44.529 | Squamous cell carcinoma of skin of other part of trunk |
| C44.621 | Squamous cell carcinoma of skin of unspecified upper limb, including shoulder |
| C44.622 | Squamous cell carcinoma of skin of right upper limb, including shoulder |
| C44.629 | Squamous cell carcinoma of skin of left upper limb, including shoulder |
| C44.721 | Squamous cell carcinoma of skin of unspecified lower limb, including hip |
| C44.722 | Squamous cell carcinoma of skin of right lower limb, including hip |
| C44.729 | Squamous cell carcinoma of skin of left lower limb, including hip |
| C44.82 | Squamous cell carcinoma of overlapping sites of skin |
| C44.92 | Squamous cell carcinoma of skin, unspecified |
| C47.0 | Malignant neoplasm of peripheral nerves of head, face and neck |
| C47.10 | Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder |
| C47.11 | Malignant neoplasm of peripheral nerves of right upper limb, including shoulder |
| C47.12 | Malignant neoplasm of peripheral nerves of left upper limb, including shoulder |

| ICD-10 | ICD-10 Description |
|---------|--|
| C47.20 | Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip |
| C47.21 | Malignant neoplasm of peripheral nerves of right lower limb, including hip |
| C47.22 | Malignant neoplasm of peripheral nerves of left lower limb, including hip |
| C47.3 | Malignant neoplasm of peripheral nerves of thorax |
| C47.4 | Malignant neoplasm of peripheral nerves of abdomen |
| C47.5 | Malignant neoplasm of peripheral nerves of pelvis |
| C47.6 | Malignant neoplasm of peripheral nerves of trunk, unspecified |
| C47.8 | Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system |
| C47.9 | Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified |
| C48.0 | Malignant neoplasm of retroperitoneum |
| C48.1 | Malignant neoplasm of specified parts of peritoneum |
| C48.2 | Malignant neoplasm of peritoneum, unspecified |
| C48.8 | Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum |
| C49.0 | Malignant neoplasm of connective and soft tissue of head, face and neck |
| C49.10 | Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder |
| C49.11 | Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder |
| C49.12 | Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder |
| C49.20 | Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip |
| C49.21 | Malignant neoplasm of connective and soft tissue of right lower limb, including hip |
| C49.22 | Malignant neoplasm of connective and soft tissue of left lower limb, including hip |
| C49.3 | Malignant neoplasm of connective and soft tissue of thorax |
| C49.4 | Malignant neoplasm of connective and soft tissue of abdomen |
| C49.5 | Malignant neoplasm of connective and soft tissue of pelvis |
| C49.6 | Malignant neoplasm of connective and soft tissue of trunk, unspecified |
| C49.8 | Malignant neoplasm of overlapping sites of connective and soft tissue |
| C49.9 | Malignant neoplasm of connective and soft tissue, unspecified |
| C4A.0 | Merkel cell carcinoma of lip |
| C4A.10 | Merkel cell carcinoma of eyelid, including canthus |
| C4A.111 | Merkel cell carcinoma of right upper eyelid, including canthus |
| C4A.112 | Merkel cell carcinoma of right lower eyelid, including canthus |
| C4A.121 | Merkel cell carcinoma of left upper eyelid, including canthus |
| C4A.122 | Merkel cell carcinoma of left lower eyelid, including canthus |
| C4A.20 | Merkel cell carcinoma of unspecified ear and external auricular canal |
| C4A.21 | Merkel cell carcinoma of right ear and external auricular canal |
| C4A.22 | Merkel cell carcinoma of left ear and external auricular canal |
| C4A.30 | Merkel cell carcinoma of unspecified part of face |
| C4A.31 | Merkel cell carcinoma of nose |
| C4A.39 | Merkel cell carcinoma of other parts of face |

| ICD-10 | ICD-10 Description |
|---------|---|
| C4A.4 | Merkel cell carcinoma of scalp and neck |
| C4A.51 | Merkel cell carcinoma of anal skin |
| C4A.52 | Merkel cell carcinoma of skin of breast |
| C4A.59 | Merkel cell carcinoma of other part of trunk |
| C4A.60 | Merkel cell carcinoma of unspecified upper limb, including shoulder |
| C4A.61 | Merkel cell carcinoma of right upper limb, including shoulder |
| C4A.62 | Merkel cell carcinoma of left upper limb, including shoulder |
| C4A.70 | Merkel cell carcinoma of unspecified lower limb, including hip |
| C4A.71 | Merkel cell carcinoma of right lower limb, including hip |
| C4A.72 | Merkel cell carcinoma of left lower limb, including hip |
| C4A.8 | Merkel cell carcinoma of overlapping sites |
| C4A.9 | Merkel cell carcinoma, unspecified |
| C50.011 | Malignant neoplasm of nipple and areola, right female breast |
| C50.012 | Malignant neoplasm of nipple and areola, left female breast |
| C50.019 | Malignant neoplasm of nipple and areola, unspecified female breast |
| C50.021 | Malignant neoplasm of nipple and areola, right male breast |
| C50.022 | Malignant neoplasm of nipple and areola, left male breast |
| C50.029 | Malignant neoplasm of nipple and areola, unspecified male breast |
| C50.111 | Malignant neoplasm of central portion of right female breast |
| C50.112 | Malignant neoplasm of central portion of left female breast |
| C50.119 | Malignant neoplasm of central portion of unspecified female breast |
| C50.121 | Malignant neoplasm of central portion of right male breast |
| C50.122 | Malignant neoplasm of central portion of left male breast |
| C50.129 | Malignant neoplasm of central portion of unspecified male breast |
| C50.211 | Malignant neoplasm of upper-inner quadrant of right female breast |
| C50.212 | Malignant neoplasm of upper-inner quadrant of left female breast |
| C50.219 | Malignant neoplasm of upper-inner quadrant of unspecified female breast |
| C50.221 | Malignant neoplasm of upper-inner quadrant of right male breast |
| C50.222 | Malignant neoplasm of upper-inner quadrant of left male breast |
| C50.229 | Malignant neoplasm of upper-inner quadrant of unspecified male breast |
| C50.311 | Malignant neoplasm of lower-inner quadrant of right female breast |
| C50.312 | Malignant neoplasm of lower-inner quadrant of left female breast |
| C50.319 | Malignant neoplasm of lower-inner quadrant of unspecified female breast |
| C50.321 | Malignant neoplasm of lower-inner quadrant of right male breast |
| C50.322 | Malignant neoplasm of lower-inner quadrant of left male breast |
| C50.329 | Malignant neoplasm of lower-inner quadrant of unspecified male breast |
| C50.411 | Malignant neoplasm of upper-outer quadrant of right female breast |
| C50.412 | Malignant neoplasm of upper-outer quadrant of left female breast |

| ICD-10 | ICD-10 Description |
|---------|---|
| C50.419 | Malignant neoplasm of upper-outer quadrant of unspecified female breast |
| C50.421 | Malignant neoplasm of upper-outer quadrant of right male breast |
| C50.422 | Malignant neoplasm of upper-outer quadrant of left male breast |
| C50.429 | Malignant neoplasm of upper-outer quadrant of unspecified male breast |
| C50.511 | Malignant neoplasm of lower-outer quadrant of right female breast |
| C50.512 | Malignant neoplasm of lower-outer quadrant of left female breast |
| C50.519 | Malignant neoplasm of lower-outer quadrant of unspecified female breast |
| C50.521 | Malignant neoplasm of lower-outer quadrant of right male breast |
| C50.522 | Malignant neoplasm of lower-outer quadrant of left male breast |
| C50.529 | Malignant neoplasm of lower-outer quadrant of unspecified male breast |
| C50.611 | Malignant neoplasm of axillary tail of right female breast |
| C50.612 | Malignant neoplasm of axillary tail of left female breast |
| C50.619 | Malignant neoplasm of axillary tail of unspecified female breast |
| C50.621 | Malignant neoplasm of axillary tail of right male breast |
| C50.622 | Malignant neoplasm of axillary tail of left male breast |
| C50.629 | Malignant neoplasm of axillary tail of unspecified male breast |
| C50.811 | Malignant neoplasm of overlapping sites of right female breast |
| C50.812 | Malignant neoplasm of overlapping sites of left female breast |
| C50.819 | Malignant neoplasm of overlapping sites of unspecified female breast |
| C50.821 | Malignant neoplasm of overlapping sites of right male breast |
| C50.822 | Malignant neoplasm of overlapping sites of left male breast |
| C50.829 | Malignant neoplasm of overlapping sites of unspecified male breast |
| C50.911 | Malignant neoplasm of unspecified site of right female breast |
| C50.912 | Malignant neoplasm of unspecified site of left female breast |
| C50.919 | Malignant neoplasm of unspecified site of unspecified female breast |
| C50.921 | Malignant neoplasm of unspecified site of right male breast |
| C50.922 | Malignant neoplasm of unspecified site of left male breast |
| C50.929 | Malignant neoplasm of unspecified site of unspecified male breast |
| C51.0 | Malignant neoplasm of labium majus |
| C51.1 | Malignant neoplasm of labium minus |
| C51.2 | Malignant neoplasm of clitoris |
| C51.8 | Malignant neoplasm of overlapping sites of vulva |
| C51.9 | Malignant neoplasm of vulva, unspecified |
| C53.0 | Malignant neoplasm of endocervix |
| C53.1 | Malignant neoplasm of exocervix |
| C53.8 | Malignant neoplasm of overlapping sites of cervix uteri |
| C53.9 | Malignant neoplasm of cervix uteri, unspecified |
| C54.0 | Malignant neoplasm of isthmus uteri |

| ICD-10 | ICD-10 Description |
|--------|--|
| C54.1 | Malignant neoplasm of endometrium |
| C54.2 | Malignant neoplasm of myometrium |
| C54.3 | Malignant neoplasm of fundus uteri |
| C54.8 | Malignant neoplasm of overlapping sites of corpus uteri |
| C54.9 | Malignant neoplasm of corpus uteri, unspecified |
| C55 | Malignant neoplasm of uterus, part unspecified |
| C56.1 | Malignant neoplasm of right ovary |
| C56.2 | Malignant neoplasm of left ovary |
| C56.3 | Malignant neoplasm of bilateral ovaries |
| C56.9 | Malignant neoplasm of unspecified ovary |
| C57.00 | Malignant neoplasm of unspecified fallopian tube |
| C57.01 | Malignant neoplasm of right fallopian tube |
| C57.02 | Malignant neoplasm of left fallopian tube |
| C57.10 | Malignant neoplasm of unspecified broad ligament |
| C57.11 | Malignant neoplasm of right broad ligament |
| C57.12 | Malignant neoplasm of left broad ligament |
| C57.20 | Malignant neoplasm of unspecified round ligament |
| C57.21 | Malignant neoplasm of right round ligament |
| C57.22 | Malignant neoplasm of left round ligament |
| C57.3 | Malignant neoplasm of parametrium |
| C57.4 | Malignant neoplasm of uterine adnexa, unspecified |
| C57.7 | Malignant neoplasm of other specified female genital organs |
| C57.8 | Malignant neoplasm of overlapping sites of female genital organs |
| C57.9 | Malignant neoplasm of female genital organ, unspecified |
| C60.0 | Malignant neoplasm of prepuce |
| C60.1 | Malignant neoplasm of glans penis |
| C60.2 | Malignant neoplasm of body of penis |
| C60.8 | Malignant neoplasm of overlapping sites of penis |
| C60.9 | Malignant neoplasm of penis, unspecified |
| C61 | Malignant neoplasm of prostate |
| C62.00 | Malignant neoplasm of unspecified undescended testis |
| C62.01 | Malignant neoplasm of undescended right testis |
| C62.02 | Malignant neoplasm of undescended left testis |
| C62.10 | Malignant neoplasm of unspecified descended testis |
| C62.11 | Malignant neoplasm of descended right testis |
| C62.12 | Malignant neoplasm of descended left testis |
| C62.90 | Malignant neoplasm of unspecified testis, unspecified whether descended or undescended |
| C62.91 | Malignant neoplasm of right testis, unspecified whether descended or undescended |

| ICD-10 | ICD-10 Description |
|--------|---|
| C62.92 | Malignant neoplasm of left testis, unspecified whether descended or undescended |
| C63.7 | Malignant neoplasm of other specified male genital organs |
| C63.8 | Malignant neoplasm of overlapping sites of male genital organs |
| C64.1 | Malignant neoplasm of right kidney, except renal pelvis |
| C64.2 | Malignant neoplasm of left kidney, except renal pelvis |
| C64.9 | Malignant neoplasm of unspecified kidney, except renal pelvis |
| C65.1 | Malignant neoplasm of right renal pelvis |
| C65.2 | Malignant neoplasm of left renal pelvis |
| C65.9 | Malignant neoplasm of unspecified renal pelvis |
| C66.1 | Malignant neoplasm of right ureter |
| C66.2 | Malignant neoplasm of left ureter |
| C66.9 | Malignant neoplasm of unspecified ureter |
| C67.0 | Malignant neoplasm of trigone of bladder |
| C67.1 | Malignant neoplasm of dome of bladder |
| C67.2 | Malignant neoplasm of lateral wall of bladder |
| C67.3 | Malignant neoplasm of anterior wall of bladder |
| C67.4 | Malignant neoplasm of posterior wall of bladder |
| C67.5 | Malignant neoplasm of bladder neck |
| C67.6 | Malignant neoplasm of ureteric orifice |
| C67.7 | Malignant neoplasm of urachus |
| C67.8 | Malignant neoplasm of overlapping sites of bladder |
| C67.9 | Malignant neoplasm of bladder, unspecified |
| C68.0 | Malignant neoplasm of urethra |
| C69.30 | Malignant neoplasm of unspecified choroid |
| C69.31 | Malignant neoplasm of right choroid |
| C69.32 | Malignant neoplasm of left choroid |
| C69.40 | Malignant neoplasm of unspecified ciliary body |
| C69.41 | Malignant neoplasm of right ciliary body |
| C69.42 | Malignant neoplasm of left ciliary body |
| C69.60 | Malignant neoplasm of unspecified orbit |
| C69.61 | Malignant neoplasm of right orbit |
| C69.62 | Malignant neoplasm of left orbit |
| C71.0 | Malignant neoplasm of cerebrum, except lobes and ventricles |
| C71.1 | Malignant neoplasm of frontal lobe |
| C71.2 | Malignant neoplasm of temporal lobe |
| C71.3 | Malignant neoplasm of parietal lobe |
| C71.4 | Malignant neoplasm of occipital lobe |
| C71.5 | Malignant neoplasm of cerebral ventricle |

| ICD-10 | ICD-10 Description |
|--------|--|
| C71.6 | Malignant neoplasm of cerebellum |
| C71.7 | Malignant neoplasm of brain stem |
| C71.8 | Malignant neoplasm of overlapping sites of brain |
| C71.9 | Malignant neoplasm of brain, unspecified |
| C72.0 | Malignant neoplasm of spinal cord |
| C72.1 | Malignant neoplasm of cauda equina |
| C72.9 | Malignant neoplasm of central nervous system, unspecified |
| C73 | Malignant neoplasm of thyroid gland |
| C74.00 | Malignant neoplasm of cortex of unspecified adrenal gland |
| C74.01 | Malignant neoplasm of cortex of right adrenal gland |
| C74.02 | Malignant neoplasm of cortex of left adrenal gland |
| C74.90 | Malignant neoplasm of unspecified part of unspecified adrenal gland |
| C74.91 | Malignant neoplasm of unspecified part of right adrenal gland |
| C74.92 | Malignant neoplasm of unspecified part of left adrenal gland |
| C76.0 | Malignant neoplasm of head, face and neck |
| C77.0 | Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck |
| C78.00 | Secondary malignant neoplasm of unspecified lung |
| C78.01 | Secondary malignant neoplasm of right lung |
| C78.02 | Secondary malignant neoplasm of left lung |
| C78.6 | Secondary malignant neoplasm of retroperitoneum and peritoneum |
| C78.7 | Secondary malignant neoplasm of liver and intrahepatic bile duct |
| C79.31 | Secondary malignant neoplasm of brain |
| C79.51 | Secondary malignant neoplasm of bone |
| C79.52 | Secondary malignant neoplasm of bone marrow |
| C79.70 | Secondary malignant neoplasm of unspecified adrenal gland |
| C79.71 | Secondary malignant neoplasm of right adrenal gland |
| C79.72 | Secondary malignant neoplasm of left adrenal gland |
| C7A.1 | Malignant poorly differentiated neuroendocrine tumors |
| C7A.8 | Other malignant neuroendocrine tumors |
| C7B.00 | Secondary carcinoid tumors unspecified site |
| C7B.01 | Secondary carcinoid tumors of distant lymph nodes |
| C7B.02 | Secondary carcinoid tumors of liver |
| C7B.03 | Secondary carcinoid tumors of bone |
| C7B.04 | Secondary carcinoid tumors of peritoneum |
| C7B.1 | Secondary Merkel cell carcinoma |
| C7B.8 | Other secondary neuroendocrine tumors |
| C80.0 | Disseminated malignant neoplasm, unspecified |
| C80.1 | Malignant (primary) neoplasm, unspecified |

| ICD-10 | ICD-10 Description |
|--------|---|
| C81.10 | Nodular sclerosis Hodgkin lymphoma, unspecified site |
| C81.11 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck |
| C81.12 | Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes |
| C81.13 | Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes |
| C81.14 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb |
| C81.15 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.16 | Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes |
| C81.17 | Nodular sclerosis Hodgkin lymphoma, spleen |
| C81.18 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites |
| C81.19 | Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites |
| C81.20 | Mixed cellularity Hodgkin lymphoma, unspecified site |
| C81.21 | Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck |
| C81.22 | Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes |
| C81.23 | Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes |
| C81.24 | Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb |
| C81.25 | Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.26 | Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes |
| C81.27 | Mixed cellularity Hodgkin lymphoma, spleen |
| C81.28 | Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites |
| C81.29 | Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites |
| C81.30 | Lymphocyte depleted Hodgkin lymphoma, unspecified site |
| C81.31 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck |
| C81.32 | Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes |
| C81.33 | Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes |
| C81.34 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb |
| C81.35 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.36 | Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes |
| C81.37 | Lymphocyte depleted Hodgkin lymphoma, spleen |
| C81.38 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites |
| C81.39 | Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites |
| C81.40 | Lymphocyte-rich Hodgkin lymphoma, unspecified site |
| C81.41 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck |
| C81.42 | Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes |
| C81.43 | Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes |
| C81.44 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb |
| C81.45 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.46 | Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes |
| C81.47 | Lymphocyte-rich Hodgkin lymphoma, spleen |

| ICD-10 | ICD-10 Description |
|--------|---|
| C81.48 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites |
| C81.49 | Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites |
| C81.70 | Other Hodgkin lymphoma unspecified site |
| C81.71 | Other Hodgkin lymphoma lymph nodes of head, face, and neck |
| C81.72 | Other Hodgkin lymphoma intrathoracic lymph nodes |
| C81.73 | Other Hodgkin lymphoma intra-abdominal lymph nodes |
| C81.74 | Other Hodgkin lymphoma lymph nodes of axilla and upper limb |
| C81.75 | Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb |
| C81.76 | Other Hodgkin lymphoma intrapelvic lymph nodes |
| C81.77 | Other Hodgkin lymphoma spleen |
| C81.78 | Other Hodgkin lymphoma lymph nodes of multiple sites |
| C81.79 | Other Hodgkin lymphoma extranodal and solid organ sites |
| C81.90 | Hodgkin lymphoma, unspecified, unspecified site |
| C81.91 | Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck |
| C81.92 | Hodgkin lymphoma, unspecified, intrathoracic lymph nodes |
| C81.93 | Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes |
| C81.94 | Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb |
| C81.95 | Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb |
| C81.96 | Hodgkin lymphoma, unspecified, intrapelvic lymph nodes |
| C81.97 | Hodgkin lymphoma, unspecified, spleen |
| C81.98 | Hodgkin lymphoma, unspecified, lymph nodes of multiple sites |
| C81.99 | Hodgkin lymphoma, unspecified, extranodal and solid organ sites |
| C83.90 | Non-follicular (diffuse) lymphoma, unspecified, unspecified site |
| C83.91 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck |
| C83.92 | Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes |
| C83.93 | Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes |
| C83.94 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb |
| C83.95 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb |
| C83.96 | Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes |
| C83.97 | Non-follicular (diffuse) lymphoma, unspecified, spleen |
| C83.98 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites |
| C83.99 | Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites |
| C84.00 | Mycosis fungoides, unspecified site |
| C84.01 | Mycosis fungoides, lymph nodes of head, face, and neck |
| C84.02 | Mycosis fungoides, intrathoracic lymph nodes |
| C84.03 | Mycosis fungoides, intra-abdominal lymph nodes |
| C84.04 | Mycosis fungoides, lymph nodes of axilla and upper limb |
| C84.05 | Mycosis fungoides, lymph nodes of inguinal region and lower limb |

| ICD-10 | ICD-10 Description |
|--------|---|
| C84.06 | Mycosis fungoides, intrapelvic lymph nodes |
| C84.07 | Mycosis fungoides, spleen |
| C84.08 | Mycosis fungoides, lymph nodes of multiple sites |
| C84.09 | Mycosis fungoides, extranodal and solid organ sites |
| C84.10 | Sézary disease, unspecified site |
| C84.11 | Sézary disease, lymph nodes of head, face, and neck |
| C84.12 | Sézary disease, intrathoracic lymph nodes |
| C84.13 | Sézary disease, intra-abdominal lymph nodes |
| C84.14 | Sézary disease, lymph nodes of axilla and upper limb |
| C84.15 | Sézary disease, lymph nodes of inguinal region and lower limb |
| C84.16 | Sézary disease, intrapelvic lymph nodes |
| C84.17 | Sézary disease, spleen |
| C84.18 | Sézary disease, lymph nodes of multiple sites |
| C84.19 | Sézary disease, extranodal and solid organ sites |
| C84.90 | Mature T/NK-cell lymphomas, unspecified site |
| C84.91 | Mature T/NK-cell lymphomas, lymph nodes of head, face, and neck |
| C84.92 | Mature T/NK-cell lymphomas, intrathoracic lymph nodes |
| C84.93 | Mature T/NK-cell lymphomas, intra-abdominal lymph nodes |
| C84.94 | Mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb |
| C84.95 | Mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb |
| C84.96 | Mature T/NK-cell lymphomas, intrapelvic lymph nodes |
| C84.97 | Mature T/NK-cell lymphomas, spleen |
| C84.98 | Mature T/NK-cell lymphomas, lymph nodes of multiple sites |
| C84.99 | Mature T/NK-cell lymphomas, extranodal and solid organ sites |
| C84.Z0 | Other mature T/NK-cell lymphomas, Unspecified site |
| C84.Z1 | Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck |
| C84.Z2 | Other mature T/NK-cell lymphomas, intrathoracic lymph nodes |
| C84.Z3 | Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes |
| C84.Z4 | Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb |
| C84.Z5 | Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb |
| C84.Z6 | Other mature T/NK-cell lymphomas, intrapelvic lymph nodes |
| C84.Z7 | Other mature T/NK-cell lymphomas, spleen |
| C84.Z8 | Other mature T/NK-cell lymphomas, lymph nodes of multiple sites |
| C84.Z9 | Other mature T/NK-cell lymphomas, extranodal and solid organ sites |
| C85.10 | Unspecified B-cell lymphoma, unspecified site |
| C85.11 | Unspecified B-cell lymphoma, lymph nodes of head, face, and neck |
| C85.12 | Unspecified B-cell lymphoma, intrathoracic lymph nodes |
| C85.13 | Unspecified B-cell lymphoma, intra-abdominal lymph nodes |

| ICD-10 | ICD-10 Description |
|---------|---|
| C85.14 | Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb |
| C85.15 | Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb |
| C85.16 | Unspecified B-cell lymphoma, intrapelvic lymph nodes |
| C85.17 | Unspecified B-cell lymphoma, spleen |
| C85.18 | Unspecified B-cell lymphoma, lymph nodes of multiple sites |
| C85.19 | Unspecified B-cell lymphoma, extranodal and solid organ sites |
| C85.20 | Mediastinal (thymic) large B-cell lymphoma, unspecified site |
| C85.21 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck |
| C85.22 | Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes |
| C85.23 | Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes |
| C85.24 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb |
| C85.25 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb |
| C85.26 | Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes |
| C85.27 | Mediastinal (thymic) large B-cell lymphoma, spleen |
| C85.28 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites |
| C85.29 | Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites |
| C86.0 | Other specified types of T/NK-cell lymphoma |
| C86.6 | Primary cutaneous CD30-positive T-cell proliferations |
| D09.0 | Carcinoma in situ of bladder |
| D15.0 | Benign neoplasm of other and unspecified intrathoracic organs |
| D37.01 | Neoplasm of uncertain behavior of lip |
| D37.02 | Neoplasm of uncertain behavior of tongue |
| D37.05 | Neoplasm of uncertain behavior of pharynx |
| D37.09 | Neoplasm of uncertain behavior of other specified sites of the oral cavity |
| D37.1 | Neoplasm of uncertain behavior of stomach |
| D37.8 | Neoplasm of uncertain behavior of other specified digestive organs |
| D37.9 | Neoplasm of uncertain behavior of digestive organ, unspecified |
| D38.0 | Neoplasm of uncertain behavior of larynx |
| D38.5 | Neoplasm of uncertain behavior of other respiratory organs |
| D38.6 | Neoplasm of uncertain behavior of respiratory organ, unspecified |
| D39.2 | Neoplasm of uncertain behavior of placenta |
| O01.9 | Hydatidiform mole, unspecified |
| Z85.00 | Personal history of malignant neoplasm of unspecified digestive organ |
| Z85.01 | Personal history of malignant neoplasm of esophagus |
| Z85.028 | Personal history of other malignant neoplasm of stomach |
| Z85.038 | Personal history of other malignant neoplasm of large intestine |
| Z85.068 | Personal history of other malignant neoplasm of small intestine |
| Z85.07 | Personal history of malignant neoplasm of pancreas |

| ICD-10 | ICD-10 Description |
|---------|---|
| Z85.09 | Personal history of malignant neoplasm of other digestive organs |
| Z85.118 | Personal history of other malignant neoplasm of bronchus and lung |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.47 | Personal history of malignant neoplasm of testis |
| Z85.51 | Personal history of malignant neoplasm of bladder |
| Z85.528 | Personal history of other malignant neoplasm of kidney |
| Z85.59 | Personal history of malignant neoplasm of other urinary tract organ |
| Z85.71 | Personal history of Hodgkin Lymphoma |
| Z85.820 | Personal history of malignant melanoma of skin |
| Z85.821 | Personal history of Merkel cell carcinoma |
| Z85.830 | Personal history of malignant neoplasm of bone |
| Z85.831 | Personal history of malignant neoplasm of soft tissue |
| Z85.841 | Personal history of malignant neoplasm of brain |
| Z85.848 | Personal history of malignant neoplasm of other parts of nervous tissue |
| Z85.858 | Personal history of malignant neoplasm of other endocrine glands |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|---|---|
| Jurisdiction | Applicable State/US Territory | Contractor |
| E (1) | CA, HI, NV, AS, GU, CNMI | Noridian Healthcare Solutions, LLC |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |
| 5 | KS, NE, IA, MO | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6 | MN, WI, IL | National Government Services, Inc. (NGS) |
| H (4 & 7) | LA, AR, MS, TX, OK, CO, NM | Novitas Solutions, Inc. |
| 8 | MI, IN | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9) | FL, PR, VI | First Coast Service Options, Inc. |
| J (10) | TN, GA, AL | Palmetto GBA, LLC |
| M (11) | NC, SC, WV, VA (excluding below) | Palmetto GBA, LLC |
| L (12) | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc. |

Medicare Part B Administrative Contractor (MAC) Jurisdictions

| Jurisdiction | Applicable State/US Territory | Contractor |
|---------------------|--------------------------------------|--|
| K (13 & 14) | NY, CT, MA, RI, VT, ME, NH | National Government Services, Inc. (NGS) |
| 15 | KY, OH | CGS Administrators, LLC |