

Clinical Oversight Review Board (CORB) Criteria for Prescribing Pembrolizumab (Keytruda)

Notes:

- ^ Treatment duration to be limited to 24 months for patients being treated with pembrolizumab for advanced, recurrent, unresectable, or metastatic cancer and limited to 12 months for adjuvant treatment of melanoma

Formulary **pembrolizumab (Keytruda)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria^:

- Patient has a diagnosis that is an FDA approved indication for pembrolizumab
-OR-
- Patient has a diagnosis that is listed as a medically accepted indication for pembrolizumab in drug compendia (examples include Micromedex, Lexicomp)
-OR-
- Patient has a diagnosis for which pembrolizumab is a category 1 or 2 recommended treatment in the National Comprehensive Cancer Network guidelines

Criteria for *current Kaiser Permanente members already taking the medication who have not been reviewed previously*^:

- Patient has a diagnosis that is an FDA approved indication for pembrolizumab
-OR-
- Patient has a diagnosis that is listed as a medically accepted indication for pembrolizumab in drug compendia (examples include Micromedex, Lexicomp)
-OR-
- Patient has a diagnosis for which pembrolizumab is a category 1 or 2 recommended treatment in the National Comprehensive Cancer Network guidelines

Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously*^:

- Patient has a diagnosis that is an FDA approved indication for pembrolizumab
-OR-
- Patient has a diagnosis that is listed as a medically accepted indication for pembrolizumab in drug compendia (examples include Micromedex, Lexicomp)
-OR-

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Revised: 09/14/23
Effective: 11/16/23

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Kaiser Foundation Health Plan of the Northwest

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