

Pembrolizumab

Notification:	Category:	<u>Topic:</u>	What is changing? /	Why is Humana making this change? /	Language:	Impacted Products:
			Change Description:	Change Reason:		
8603	HCPCS - Drugs & Biologicals	Louisiana Medicaid: injection, pembrolizumab, 1 mg – HCPCS code J9271	For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code J9271 to no more than 304 units every 6 weeks for patients 8–11 years old if billed with any of the following diagnoses: Hodgkin lymphoma (classical) Merkel cell carcinoma Primary mediastinal large B-cell lymphoma Tumor mutational burden-high (TMB-H) cancer	The above limitations are established according to the FDA-approved package insert and prescribing information and pharmaceutical compendia. Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional	<u>English</u>	Medicaid- Louisiana
8600	HCPCS - Drugs &	Louisiana Medicaid:	For providers with a specialty other than	units. These limitations were established by		Medicaid- Louisiana
0000	Biologicals	injection,	home infusion therapy or pharmacy, we	the FDA-approved package insert and	<u>English</u>	THE STATE OF THE S

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		pembrolizumab, 1 mg	limit reimbursement of charges for HCPCS	prescribing information and		
		- HCPCS code J9271	code J9271 to no more than 200 units per	pharmaceutical compendia for		
			date of service for patients 12–17 years old	pembrolizumab and ICD-10 coding		
			if billed with any of the following	guidelines.		
			diagnoses:			
				Note: The limitations described		
				above are based on maximum		
				dosages established in milligrams. If		
			• Cutaneous melanoma	any units are denied, the provider		
				may dispute the decision through the		
			Hodgkin lymphoma (classical)	appropriate process. The provider		
				may submit information, including		
			Merkel cell carcinoma	medical notes showing the patient's		
				body weight, that substantiates the		
			Primary mediastinal large B-cell	medical necessity of the additional		
			lymphoma	units.		
			7			
			• Tumor mutational burden-high (TMB-H)			
			cancer			
8596			For providers with a specialty other than	These limitations were established by		Medicaid- Louisiana
<u></u>			home infusion therapy or pharmacy, we	the FDA-approved package insert and		
			apply the following limitations to	prescribing information and		
			reimbursement of charges for HCPCS code	pharmaceutical compendia.		
			J9271 if billed with a diagnosis of Hodgkin	<u>production compensation</u>		
			lymphoma (classical), Merkel cell	Note: The limitations described		
		Louisiana Medicaid:	carcinoma, primary mediastinal large B-cell	above are based on maximum		
	HCPCS - Drugs &	<u>injection,</u>	lymphoma or tumor mutational burden-	dosages established in milligrams. If	<u>English</u>	
	<u>Biologicals</u>	pembrolizumab, 1 mg	high (TMB-H) cancer:	any units are denied, the provider	<u>Liigiioii</u>	
		- HCPCS code J9271	ing. time in equipment	may dispute the decision through the		
			No more than 48 units per date of service	appropriate process. The provider		
			for patients 3 years old and younger	may submit information, including		
			To patients 5 years old and younger	medical notes showing the patient's		
			No more than 97 units per date of service	body weight, that substantiates the		
			for patients 4–7 years old	body weight, that substantiates the		
			ioi patients 4-7 years old			

#*No more than 152 units per date of service for patients 8-11 years old We limit reimbursement of charges for HCPCS code J9271 to no more than 400 units every 6 weeks for patients 12-17 years old if billed with any of the following diagnoses: - Cutaneous melanoma - Primary mediastinal large B-cell lymphoma [classical] - Tumor mutational burden-high (TMB-H) cancer Additionally, we limit reimbursement of charges for HCPCS code J9271 to no more than 600 units every 6 weeks for patients 12 vers old and older if billed with any of the following diagnoses: - Cutaneous melanoma - Tumor mutational burden-high (TMB-H) cancer Additionally, we limit reimbursement of charges for HCPCS code J9271 to no more than 600 units every 6 weeks for patients 18 years old and older if billed with any of the following diagnoses: - Cutaneous melanoma - Hodgkin lymphoma (classical) - Merkel cell carcinoma - Primary mediastinal large B-cell lymphoma	iisiana
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			• Tumor mutational burden-high (TMB-H)			
			<u>cancer</u>			
<u>8620</u>			For providers with a specialty other than	The above limitations are established		Medicaid- Louisiana
			pharmacy, we limit reimbursement of	according to the FDA-approved		
			charges for HCPCS code J9271 to no more	package insert and the prescribing		
			than 94 units for patients 3 years old and	information and the pharmaceutical		
			younger if billed with any of the following	compendia.		
			diagnoses:			
				Note: The limitations described		
			 Hodgkin lymphoma (classical) 	above are based on maximum		
				dosages established in milligrams. If		
			Merkel cell carcinoma	any units are denied, the provider		
				may dispute the decision through the		
			• Primary mediastinal large B-cell	appropriate process. The provider		
			lymphoma	may submit information, including		
				medical notes showing the patient's		
	HCDCC Davis 0	Louisiana Medicaid:	• Tumor mutational burden-high cancer	body weight, that substantiates the		
	HCPCS - Drugs &	pembrolizumab –		medical necessity of the additional	English	
	<u>Biologicals</u>	HCPCS code J9271	Additionally, for providers with a specialty	units.		
			other than pharmacy, we limit			
			reimbursement of charges for HCPCS code			
			J9271 to no more than 194 units for			
			patients ages 4-7 years old if billed with			
			any of the following diagnoses:			
			Hodgkin lymphoma (classical)			
			Merkel cell carcinoma			
			Primary mediastinal large B-cell			
			lymphoma			
			- 			
			• TMB-H cancer			
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8618	HCPCS - Drugs & Biologicals	Louisiana Medicaid: pembrolizumab – HCPCS code J9271	For providers with a specialty other than home infusion therapy or pharmacy, we limit reimbursement of charges for HCPCS code J9271 for patients 18 years old and older to no more than 400 units per date of service if billed with any of the following diagnoses: • Ampullary adenocarcinoma • Biliary tract cancer • Bone cancer • Cervical cancer • Cutaneous melanoma • Endometrial carcinoma • Esophageal cancer • Esophagogastric cancer	The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.	<u>English</u>	Medicaid- Louisiana
		<u>1161 63 6346 33271</u>	Endometrial carcinoma Esophageal cancer			
			Gastric cancer Gestational trophoblastic neoplasia Head and neck cancer Hepatocellular carcinoma			

	• Hodgkin lymphoma	
	• Kidney cancer	
	Merkel cell carcinoma	
	Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)	
	• Colorectal cancer	
	Neuroendocrine tumor	
	Occult primary	
	Ovarian cancer	
	Pancreatic adenocarcinoma	
	• Penile cancer	
	Primary mediastinal large B-cell lymphoma	
	• Prostate cancer	
	Salivary gland tumor	
	• Small bowel adenocarcinoma	
	• Squamous cell skin cancer	
	• Testicular cancer	
	Mismatch repair deficient (dMMR) Colorectal cancer Neuroendocrine tumor Occult primary Ovarian cancer Pancreatic adenocarcinoma Penile cancer Primary mediastinal large B-cell lymphoma Prostate cancer Salivary gland tumor Small bowel adenocarcinoma Squamous cell skin cancer	

			Thyroid carcinoma Tumor mutational burden-high (TMB-H) cancer.			
			• Urothelial carcinoma			
			Uterine sarcoma Vaginal cancer			
8507			Vulvar cancer We limit reimbursement of charges for	According to the FDA-approved		Medicaid- Louisiana
	HCPCS - Drugs & Biologicals	Louisiana Medicaid: pembrolizumab, 1 mg	HCPCS code J9271 to no more than 600 units every 6 weeks if administered for any of the following diagnoses: • Ampullary adenocarcinoma • Biliary tract cancer • Bone cancer • Breast cancer	package insert and prescribing information and the pharmaceutical compendia, the maximum dosage frequency for injection of pembrolizumab 1 mg, is 600 mg, which equates to 600 units every 6 weeks for the above indications.	<u>English</u>	
	<u>Biologicais</u>	- HCPCS code J9271	Cervical cancer Endometrial carcinoma Esophageal cancer Esophagogastric junction cancer Gastric cancer			

•	<u> </u>		
		Gestational trophoblastic neoplasia	
		• Head and neck cancer	
		Hepatocellular carcinoma	
		• Kidney cancer	
		Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)	
		<u>colorectal cancer</u>	
		• Neuroendocrine tumor	
		Occult primary	
		Ovarian cancer	
		Pancreatic adenocarcinoma	
		Pediatric diffuse high-grade glioma	
		• Penile cancer	
		Prostate cancer	
		Salivary gland tumor	
		• Small bowel adenocarcinoma	
		• Squamous cell skin cancer	
		• Testicular cancer	

			• Thyroid carcinoma			
			• Urothelial carcinoma			
			• Uterine sarcoma			
			Vaginal cancer			
			• Vulvar cancer			
<u>8482</u>			We limit reimbursement of charges for	According to the FDA-approved		Medicaid- Louisiana
			HCPCS code J9271 to no more than 200	prescribing information and package		
			units every 6 weeks for patients 7 years old	insert, pembrolizumab is limited to		
			and younger if billed with any of the	the units and indications above.		
			following diagnoses:			
			 Hodgkin lymphoma (classical) 	Note: The limitations described		
			• Merkel cell carcinoma	above are based on maximum		
			• Primary mediastinal large B-cell	dosages established in milligrams. If		
			<u>lymphoma</u>	any units are denied, the provider		
		Lavisiana Madiasid.	• Tumor mutational burden-high (TMB-H)	may dispute the decision through the		
	HCPCS - Drugs &	Louisiana Medicaid:	cancer	appropriate process. The provider	For alliab	
	Biologicals	pembrolizumab –		may submit information, including	<u>English</u>	
		HCPCS code J9271	We limit reimbursement of charges for	medical notes showing the patient's		
			HCPCS code J9271 to no more than 400	body weight, that substantiates the		
			units every 6 weeks for patients 8-11 years	medical necessity of the additional		
			old if billed with any of the following	units.		
			diagnoses:			
			Hodgkin lymphoma (classical)			
			Merkel cell carcinoma			
			Primary mediastinal large B-cell			
			lymphoma			
			• TMB-H cancer			