



## Pembrolizumab

<u>Notification:</u>	<u>Category:</u>	<u>Topic:</u>	<u>What is changing? / Change Description:</u>	<u>Why is Humana making this change? / Change Reason:</u>	<u>Language:</u>	<u>Impacted Products:</u>
<u>8603</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, pembrolizumab, 1 mg – HCPCS code J9271</u>	<p><u>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:</u></p> <ul style="list-style-type: none"><li>• <u>Hodgkin lymphoma (classical)</u></li><li>• <u>Merkel cell carcinoma</u></li><li>• <u>Primary mediastinal large B-cell lymphoma</u></li><li>• <u>Tumor mutational burden-high (TMB-H) cancer</u></li></ul>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and pharmaceutical compendia.</u></p> <p><u>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 units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8600</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection,</u>	<p><u>For providers with a specialty other than home infusion therapy or pharmacy, we</u></p>	<p><u>These limitations were established by the FDA-approved package insert and</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

		<u>pembrolizumab, 1 mg – HCPCS code J9271</u>	<p><u>limit reimbursement of charges for HCPCS code J9271 to no more than 200 units per date of service for patients 12–17 years old if billed with any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Cutaneous melanoma</u></li> <li>• <u>Hodgkin lymphoma (classical)</u></li> <li>• <u>Merkel cell carcinoma</u></li> <li>• <u>Primary mediastinal large B-cell lymphoma</u></li> <li>• <u>Tumor mutational burden-high (TMB-H) cancer</u></li> </ul>	<p><u>prescribing information and pharmaceutical compendia for pembrolizumab and ICD-10 coding guidelines.</u></p> <p><u>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 units.</u></p>		
<u>8596</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<p><u>Louisiana Medicaid: injection, pembrolizumab, 1 mg – HCPCS code J9271</u></p>	<p><u>For providers with a specialty other than home infusion therapy or pharmacy, we apply the following limitations to reimbursement of charges for HCPCS code J9271 if billed with a diagnosis of Hodgkin lymphoma (classical), Merkel cell carcinoma, primary mediastinal large B-cell lymphoma or tumor mutational burden-high (TMB-H) cancer:</u></p> <ul style="list-style-type: none"> <li>• <u>No more than 48 units per date of service for patients 3 years old and younger</u></li> <li>• <u>No more than 97 units per date of service for patients 4–7 years old</u></li> </ul>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and pharmaceutical compendia.</u></p> <p><u>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</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"> <li>• <u>No more than 152 units per date of service for patients 8–11 years old</u></li> </ul>	<u>medical necessity of the additional units.</u>		
<u>8588</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, pembrolizumab, 1 mg – HCPCS code J9271</u>	<p><u>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:</u></p> <ul style="list-style-type: none"> <li>• <u>Cutaneous melanoma</u></li> <li>• <u>Hodgkin lymphoma (classical)</u></li> <li>• <u>Merkel cell carcinoma</u></li> <li>• <u>Primary mediastinal large B-cell lymphoma</u></li> </ul> <p><u>• 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:</u></p> <ul style="list-style-type: none"> <li>• <u>Cutaneous melanoma</u></li> <li>• <u>Hodgkin lymphoma (classical)</u></li> <li>• <u>Merkel cell carcinoma</u></li> <li>• <u>Primary mediastinal large B-cell lymphoma</u></li> </ul>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and pharmaceutical compendia.</u></p> <p><u>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 units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"> <li>• <u>Tumor mutational burden-high (TMB-H) cancer</u></li> </ul>			
<u>8620</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: pembrolizumab – HCPCS code J9271</u>	<p><u>For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code J9271 to no more than 94 units for patients 3 years old and younger if billed with any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Hodgkin lymphoma (classical)</u></li> <li>• <u>Merkel cell carcinoma</u></li> <li>• <u>Primary mediastinal large B-cell lymphoma</u></li> <li>• <u>Tumor mutational burden-high cancer</u></li> </ul> <p><u>Additionally, for providers with a specialty 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:</u></p> <ul style="list-style-type: none"> <li>• <u>Hodgkin lymphoma (classical)</u></li> <li>• <u>Merkel cell carcinoma</u></li> <li>• <u>Primary mediastinal large B-cell lymphoma</u></li> <li>• <u>TMB-H cancer</u></li> </ul>	<p><u>The above limitations are established according to the FDA-approved package insert and the prescribing information and the pharmaceutical compendia.</u></p> <p><u>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 units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

<u>8618</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: pembrolizumab – HCPCS code J9271</u>	<p>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:</p> <ul style="list-style-type: none"><li>• <u>Ampullary adenocarcinoma</u></li><li>• <u>Biliary tract cancer</u></li><li>• <u>Bone cancer</u></li><li>• <u>Breast cancer</u></li><li>• <u>Cervical cancer</u></li><li>• <u>Cutaneous melanoma</u></li><li>• <u>Endometrial carcinoma</u></li><li>• <u>Esophageal cancer</u></li><li>• <u>Esophagogastric cancer</u></li><li>• <u>Gastric cancer</u></li><li>• <u>Gestational trophoblastic neoplasia</u></li><li>• <u>Head and neck cancer</u></li><li>• <u>Hepatocellular carcinoma</u></li></ul>	<p>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</p>	<u>English</u>	<u>Medicaid- Louisiana</u>
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			<ul style="list-style-type: none"><li>• <u>Hodgkin lymphoma</u></li><li>• <u>Kidney cancer</u></li><li>• <u>Merkel cell carcinoma</u></li><li>• <u>Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)</u></li><li>• <u>Colorectal cancer</u></li><li>• <u>Neuroendocrine tumor</u></li><li>• <u>Occult primary</u></li><li>• <u>Ovarian cancer</u></li><li>• <u>Pancreatic adenocarcinoma</u></li><li>• <u>Penile cancer</u></li><li>• <u>Primary mediastinal large B-cell lymphoma</u></li><li>• <u>Prostate cancer</u></li><li>• <u>Salivary gland tumor</u></li><li>• <u>Small bowel adenocarcinoma</u></li><li>• <u>Squamous cell skin cancer</u></li><li>• <u>Testicular cancer</u></li></ul>			
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			<ul style="list-style-type: none"> <li>• <u>Thyroid carcinoma</u></li> <li>• <u>Tumor mutational burden-high (TMB-H) cancer.</u></li> <li>• <u>Urothelial carcinoma</u></li> <li>• <u>Uterine sarcoma</u></li> <li>• <u>Vaginal cancer</u></li> <li>• <u>Vulvar cancer</u></li> </ul>			
<u>8507</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: pembrolizumab, 1 mg – HCPCS code J9271</u>	<p><u>We limit reimbursement of charges for HCPCS code J9271 to no more than 600 units every 6 weeks if administered for any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Ampullary adenocarcinoma</u></li> <li>• <u>Biliary tract cancer</u></li> <li>• <u>Bone cancer</u></li> <li>• <u>Breast cancer</u></li> <li>• <u>Cervical cancer</u></li> <li>• <u>Endometrial carcinoma</u></li> <li>• <u>Esophageal cancer</u></li> <li>• <u>Esophagogastric junction cancer</u></li> <li>• <u>Gastric cancer</u></li> </ul>	<u>According to the FDA-approved 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>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"><li>• <u>Gestational trophoblastic neoplasia</u></li><li>• <u>Head and neck cancer</u></li><li>• <u>Hepatocellular carcinoma</u></li><li>• <u>Kidney cancer</u></li><li>• <u>Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer</u></li><li>• <u>Neuroendocrine tumor</u></li><li>• <u>Occult primary</u></li><li>• <u>Ovarian cancer</u></li><li>• <u>Pancreatic adenocarcinoma</u></li><li>• <u>Pediatric diffuse high-grade glioma</u></li><li>• <u>Penile cancer</u></li><li>• <u>Prostate cancer</u></li><li>• <u>Salivary gland tumor</u></li><li>• <u>Small bowel adenocarcinoma</u></li><li>• <u>Squamous cell skin cancer</u></li><li>• <u>Testicular cancer</u></li></ul>			
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			<ul style="list-style-type: none"> <li>• <u>Thyroid carcinoma</u></li> <li>• <u>Urothelial carcinoma</u></li> <li>• <u>Uterine sarcoma</u></li> <li>• <u>Vaginal cancer</u></li> <li>• <u>Vulvar cancer</u></li> </ul>			
<u>8482</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: pembrolizumab – HCPCS code J9271</u>	<p><u>We limit reimbursement of charges for HCPCS code J9271 to no more than 200 units every 6 weeks for patients 7 years old and younger if billed with any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Hodgkin lymphoma (classical)</u></li> <li>• <u>Merkel cell carcinoma</u></li> <li>• <u>Primary mediastinal large B-cell lymphoma</u></li> <li>• <u>Tumor mutational burden-high (TMB-H) cancer</u></li> </ul> <p><u>We limit reimbursement of charges for HCPCS code J9271 to no more than 400 units every 6 weeks for patients 8-11 years old if billed with any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Hodgkin lymphoma (classical)</u></li> <li>• <u>Merkel cell carcinoma</u></li> <li>• <u>Primary mediastinal large B-cell lymphoma</u></li> <li>• <u>TMB-H cancer</u></li> </ul>	<p><u>According to the FDA-approved prescribing information and package insert, pembrolizumab is limited to the units and indications above.</u></p> <p><u>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 units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>