| Prescriber Criteria Form<br><br>Keytruda 2026 PA Fax 1185-A v5 010126.docx<br>Keytruda (pembrolizumab)<br>Coverage Determination |
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| This fax machine is located in a secure location as required by HIPAA regulations.<br>Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673.** Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Keytruda (pembrolizumab). |

| Drug Name:<br>Keytruda (pembrolizumab) |
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| **Patient Name:** | | |
| **Patient ID:** | | |
| **Patient DOB:** | **Patient Phone:** | |
| **Prescriber Name:** | | |
| **Prescriber Address:** | | |
| **City:** | **State:** | **Zip:** |
| **Prescriber Phone:** | **Prescriber Fax:** | |
| **Diagnosis**: | **ICD Code(s):** | |

| **Please circle the appropriate answer for each question.** | | | |
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| 1 | Does the patient have a diagnosis of either of the following: A) colon cancer, including appendiceal adenocarcinoma, B) rectal cancer?<br>[If no, then skip to question 3.] | Yes | No |
| 2 | Does the patient have any of the following: A) microsatellite instability-high (MSI-H) disease, B) mismatch repair deficient (dMMR) disease, C) polymerase epsilon/delta (POLE/POLD1) mutation?<br>[No further questions.] | Yes | No |
| 3 | Does the patient have a diagnosis of gastric, esophagogastric junction, or esophageal cancer?<br>[If yes, then no further questions.] | Yes | No |
| 4 | Does the patient have a diagnosis of cervical cancer?<br>[If yes, then no further questions.] | Yes | No |
| 5 | Does the patient have a diagnosis of solid tumor (e.g., osteosarcoma, chondrosarcoma, chordoma, Ewing sarcoma) that meets ALL of the following criteria: A) unresectable or metastatic, B) microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or tumor mutational burden-high (greater than or equal to 10 mutations per megabase [mut/Mb]), C) disease progressed following prior treatment and patient has no satisfactory | Yes | No |

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| | alternative treatment options?<br>[If yes, then no further questions.] | | |
| 6 | Does the patient have a diagnosis of melanoma?<br>[If yes, then no further questions.] | Yes | No |
| 7 | Does the patient have a diagnosis of non-small cell lung cancer?<br>[If yes, then no further questions.] | Yes | No |
| 8 | Does the patient have a diagnosis of a head and neck squamous cell cancer including cancer of the oral cavity (including mucosal lip), cancer of the oropharynx, cancer of the hypopharynx, cancer of the nasopharynx, cancer of the glottic larynx, cancer of the supraglottic larynx, or very advanced head and neck cancer?<br>[If yes, then no further questions.] | Yes | No |
| 9 | Does the patient have salivary gland tumors of the head and neck that meet any of the following: A) tumor mutational burden high (TMB-H), B) mismatch repair deficient (dMMR), C) microsatellite instability-high (MSI-H), D) Programmed Death-Ligand 1 (PDL-positive?<br>[If yes, then no further questions.] | Yes | No |
| 10 | Does the patient have a diagnosis of Bacillus Calmette-Guerin (BCG)-unresponsive, high risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS)?<br>[If no, then skip to question 12.] | Yes | No |
| 11 | Is the patient ineligible for or has the patient elected not to undergo cystectomy?<br>[No further questions.] | Yes | No |
| 12 | Does the patient have a diagnosis of urothelial carcinoma (other than non-muscle invasive bladder cancer [NMIBC] with carcinoma in situ)?<br>[If yes, then no further questions.] | Yes | No |
| 13 | Does the patient have a diagnosis of relapsed or refractory primary mediastinal large B-cell lymphoma (PMBCL)?<br>[If yes, then no further questions.] | Yes | No |
| 14 | Does the patient have a diagnosis of hepatocellular carcinoma?<br>[If yes, then no further questions.] | Yes | No |
| 15 | Does the patient have a diagnosis of kidney cancer or renal cell carcinoma?<br>[If yes, then no further questions.] | Yes | No |
| 16 | Does the patient have a diagnosis of cutaneous squamous cell carcinoma (cSCC) that meets ONE of the following: A) the disease is recurrent or metastatic, B) the disease is locally advanced and is not curable by surgery or radiation?<br>[If yes, then no further questions.] | Yes | No |
| 17 | Does the patient have a diagnosis of triple negative, microsatellite instability-high/mismatch repair deficient (MSI-H/dMMR), or tumor mutational burden-high (TMB-H) | Yes | No |

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| | breast cancer?<br>[If yes, then no further questions.] | | |
| 18 | Does the patient have a diagnosis of Merkel cell carcinoma?<br>[If yes, then no further questions.] | Yes | No |
| 19 | Does the patient have a diagnosis of endometrial carcinoma?<br>[If yes, then no further questions.] | Yes | No |
| 20 | Does the patient have any of the following diagnoses: A) classical Hodgkin lymphoma, B) ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, C) penile cancer, D) testicular cancer, E) anal carcinoma, F) treatment of central nervous system (CNS) brain metastases, in a patient with isolated brain metastases, melanoma, or non-small cell lung cancer (NSCLC), G) pancreatic adenocarcinoma, H) biliary tract cancer, I) squamous cell skin cancer, J) uterine sarcoma, K) small cell lung cancer, L) vaginal cancer, M) pleural, pericardial, tunica vaginalis, or peritoneal mesothelioma, N) Bone cancer?<br>[If yes, then no further questions.] | Yes | No |
| 21 | Does the patient have any of the following diagnoses: A) vulvar cancer, B) thymic carcinoma, C) Mycosis Fungoides/Sezary syndrome, D) extranodal natural killer (NK)/T-cell lymphoma, E) gestational trophoblastic neoplasia, F) extrapulmonary poorly differentiated neuroendocrine carcinoma/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasm, G) soft tissue sarcomas, H) occult primary cancer, I) adrenal gland tumors, J) thyroid carcinoma, K) small bowel adenocarcinoma, L) ampullary adenocarcinoma, M) well-differentiated grade 3 neuroendocrine tumors, N) prostate cancer, O) cutaneous anaplastic large cell lymphoma (ALCL), P) pediatric diffuse high-grade gliomas, Q) Kaposi sarcoma, R) histologic (Richter) transformation of chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) to diffuse large B-cell lymphoma? | Yes | No |

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| Comments: | _____ |

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** _____ **Date:**_____