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Section:	Prescription Drugs	**Effective Date:**	July 31, 2026
Subsection:	Antineoplastic Agents	**Original Policy Date:**	April 1, 2026
Subject:	Keytruda Qlex	**Page:**	1 of 15

Last Review Date: June 11, 2026

Keytruda Qlex

Description

Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph)

Background
Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) is a monoclonal antibody for the treatment of patients with many different types of cancer formulated for subcutaneous administration. Keytruda Qlex blocks a cellular pathway known as PD-1, human programmed death receptor-1, which restricts the body's immune system from attacking cancer cells. Berahyaluronidase alfa, an endoglycosidase, is a variant of human hyaluronidase PH20 that temporarily and locally breaks down hyaluronan. This increases permeability of the subcutaneous tissue (1-2).

Regulatory Status
FDA-approved indications: Keytruda Qlex is a human programmed death receptor-1 (PD-1)-blocking antibody indicated: (1)

1. Melanoma
    a. For the treatment of patients with unresectable or metastatic melanoma
    b. For the adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB, IIC, or III melanoma following complete resection
2. Non-Small Cell Lung Cancer (NSCLC)
    a. In combination with pemetrexed and platinum chemotherapy, as first-line treatment of patients with metastatic nonsquamous NSCLC, with no EGFR or ALK genomic tumor aberrations
    b. In combination with carboplatin and either paclitaxel or paclitaxel protein-bound, as first-line treatment of patients with metastatic squamous NSCLC

c. As a single agent for the first-line treatment of patients with NSCLC expressing PD-L1 [Tumor Proportion Score (TPS) ≥1%] as determined by an FDA-authorized test with no EGFR or ALK genomic tumor aberrations, and is:
    i. Stage III where patients are not candidates for surgical resection or definitive chemoradiation, or
    ii. Metastatic.
d. As a single agent for the treatment of patients with metastatic NSCLC whose tumors express PD-L1 (TPS ≥1%) as determined by an FDA-authorized test, with disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-authorized therapy for these aberrations prior to receiving Keytruda Qlex.
e. For the treatment of patients with resectable (tumors ≥4 cm or node positive) NSCLC in combination with platinum-containing chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.
f. As a single agent, for adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage IB (T2a ≥4 cm), II, or IIIA NSCLC.

3. Malignant Pleural Mesothelioma (MPM)
    a. In combination with pemetrexed and platinum chemotherapy, as first-line treatment of adult patients with unresectable advanced or metastatic MPM
4. Head and Neck Squamous Cell Cancer (HNSCC)
    a. For the treatment of adult patients with resectable locally advanced HNSCC whose tumors express PD-L1 [Combined Positive Score (CPS) ≥1] as determined by an FDA-authorized test, as a single agent as neoadjuvant treatment, continued as adjuvant treatment in combination with radiotherapy (RT) with or without cisplatin and then as a single agent.
    b. In combination with platinum and fluorouracil (FU), for the first-line treatment of patients with metastatic or with unresectable, recurrent HNSCC.
    c. As a single agent, for the first-line treatment of patients with metastatic or with unresectable, recurrent HNSCC whose tumors express PD-L1 [Combined Positive Score (CPS) ≥1] as determined by an FDA-authorized test.
    d. As a single agent, for the treatment of patients with recurrent or metastatic HNSCC with disease progression on or after platinum-containing chemotherapy.
5. Urothelial Carcinoma
    a. In combination with enfortumab vedotin-ejfv, for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma
    b. As a single agent for the treatment of patients with locally advanced or metastatic urothelial carcinoma:
        i. who are not eligible for any platinum-containing chemotherapy, or

ii. who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

c. In combination with enfortumab vedotin-ejfv, as neoadjuvant treatment and then continued after cystectomy as adjuvant treatment of adult patients with muscle invasive bladder cancer (MIBC)

d. As a single agent for the treatment of patients with Bacillus Calmette-Guerin (BCG)-unresponsive, high-risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors who are ineligible for or have elected not to undergo cystectomy

6. Microsatellite Instability-High or Mismatch Repair Deficient Cancer
   a. For the treatment of adult and pediatric patients 12 years and older with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors, as determined by an FDA-authorized test, that have progressed following prior treatment and who have no satisfactory alternative treatment options
7. Microsatellite Instability-High or Mismatch Repair Deficient Colorectal Cancer (CRC)
   a. For the treatment of patients with unresectable or metastatic MSI-H or dMMR colorectal cancer (CRC) as determined by an FDA-authorized test
8. Gastric Cancer
   a. In combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of patients with locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-authorized test
   b. In combination with fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adults with locally advanced unresectable or metastatic HER2-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-authorized test
9. Esophageal Cancer
   a. For the treatment of patients with locally advanced or metastatic esophageal or gastroesophageal junction (GEJ) (tumors with epicenter 1 to 5 centimeters above the GEJ) carcinoma that is not amenable to surgical resection or definitive chemoradiation either:
      i. In combination with platinum- and fluoropyrimidine-based chemotherapy for patients whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-authorized test, or

ii. As a single agent after one or more prior lines of systemic therapy for patients with tumors of squamous cell histology that express PD-L1 (CPS ≥10) as determined by an FDA-authorized test

10. Cervical Cancer
    a. In combination with chemoradiotherapy, for the treatment of patients with locally advanced cervical cancer involving the lower third of the vagina, with or without extension to pelvic sidewall, or hydronephrosis/non-functioning kidney, or spread to adjacent pelvic organs (FIGO 2014 Stage III-IVA)
    b. In combination with chemotherapy, with or without bevacizumab, for the treatment of patients with persistent, recurrent, or metastatic cervical cancer whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-authorized test
    c. As a single agent for the treatment of patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-authorized test
11. Hepatocellular Carcinoma (HCC)
    a. For the treatment of patients with HCC secondary to hepatitis B who have received prior systemic therapy other than a PD-1/PD-L1-containing regimen
12. Biliary Tract Cancer (BTC)
    a. In combination with gemcitabine and cisplatin, for the treatment of patients with locally advanced unresectable or metastatic biliary tract cancer
13. Merkel Cell Carcinoma (MCC)
    a. For the treatment of adult and pediatric patients 12 years and older with recurrent locally advanced or metastatic Merkel cell carcinoma
14. Renal Cell Carcinoma (RCC)
    a. In combination with axitinib, for the first-line treatment of patients with advanced RCC
    b. In combination with lenvatinib, for the first-line treatment of adult patients with advanced RCC
    c. For the adjuvant treatment of patients with RCC at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions
    d. In combination with belzutifan, for the adjuvant treatment of adult patients with RCC with a clear cell component (ccRCC) at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions
15. Endometrial carcinoma

a. In combination with carboplatin and paclitaxel, followed by Keytruda Qlex as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial carcinoma
b. In combination with lenvatinib, for the treatment of patients with advanced endometrial carcinoma that is mismatch repair proficient (pMMR) or not MSI-H as determined by an FDA-authorized test, who have disease progression following prior systemic therapy in any setting and are not candidates for curative surgery or radiation
c. As a single agent, for the treatment of patients with advanced endometrial carcinoma that is MSI-H or dMMR, as determined by an FDA-authorized test, who have disease progression following prior systemic therapy in any setting and are not candidates for curative surgery or radiation

16. Tumor Mutational Burden-High (TMB-H) Cancer
    a. For the treatment of adult and pediatric patients 12 years and older with unresectable or metastatic tumor mutational burden-high (TMB-H) [≥10 mutations/megabase (mut/Mb)] solid tumors, as determined by an FDA-authorized test, that have progressed following prior treatment and who have no satisfactory alternative treatment options
    b. Limitations of Use: The safety and effectiveness of Keytruda Qlex in pediatric patients 12 years and older with TMB-H central nervous system cancers have not been established.
17. Cutaneous Squamous Cell Carcinoma (cSCC)
    a. For the treatment of patients with recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) or locally advanced cSCC that is not curable by surgery or radiation
18. Triple-Negative Breast Cancer (TNBC)
    a. For treatment of patients with high-risk early-stage TNBC in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery
    b. In combination with sacituzumab govitecan-hziy, for the first-line treatment of adult patients with unresectable locally advanced or metastatic TNBC whose tumors express PD-L1 (CPS ≥ 10) as determined by an FDA-authorized test
    c. In combination with chemotherapy, for the treatment of patients with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 (CPS ≥10) as determined by an FDA-authorized test
19. Ovarian Cancer
    a. In combination with paclitaxel, with or without bevacizumab, is indicated for the treatment of adult patients with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma whose tumors express PD-L1 (CPS ≥1) as

determined by an FDA-authorized test, and who have received one or two prior systemic treatment regimens

Clinically significant immune-mediated adverse reactions may occur with Keytruda Qlex therapy including pneumonitis, colitis, hepatitis, hypophysitis, nephritis, hyperthyroidism, hypothyroidism, skin adverse reactions, infusion-related reactions, and other immune-mediated adverse reactions. Based on the severity of the adverse reaction, Keytruda Qlex should be withheld or discontinued and corticosteroids administered. Patients should be monitored for signs and symptoms of pneumonitis, colitis, hypophysitis, thyroid disorders, and changes in liver and renal function. Keytruda Qlex may cause fetal harm when administered to a pregnant woman. Female patients of reproductive potential should be advised of the potential hazard to a fetus (1).

Keytruda Qlex in combination with axitinib can cause hepatic toxicity with higher than expected frequencies of Grades 3 and 4 ALT and AST elevations compared to Keytruda Qlex alone (1).

The safety and effectiveness of Keytruda Qlex have been established in pediatric patients (1).

Related Policies
Bavencio, Jemperli, Keytruda, Loqtorzi, Opdivo, Opdualag, Tecentriq, Zynyz

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Keytruda Qlex may be considered **medically necessary** if the conditions indicated below are met.

Keytruda Qlex may be considered **investigational** in patients with all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Unresectable or metastatic melanoma

2. Stage IIB, IIC, or III melanoma following complete resection
    a. Used as adjuvant treatment

3. Metastatic non-small cell lung cancer (NSCLC)
    a. Used as a single agent
    b. PD-L1 tumor expression with Tumor Proportion Score (TPS) ≥ 1% determined by an FDA-authorized test with **ONE** of the following:
        i. Negative for EGFR or ALK tumor expression and **ONE** of the following:
            1) Disease progression on or after platinum-containing chemotherapy
            2) First-line treatment
        ii. Positive EGFR or ALK tumor expression
            1) Disease progression after targeted FDA-authorized therapy

4. Metastatic nonsquamous non-small cell lung cancer (NSCLC)
    a. Used in combination with pemetrexed and platinum chemotherapy as first-line treatment
    b. Negative for EGFR or ALK tumor expression

5. Stage III non-small cell lung cancer (NSCLC)
    a. Patient is not a candidate for surgical resection or definitive chemoradiation
    b. PD-L1 tumor expression with Tumor Proportion Score (TPS) ≥ 1% as determined by an FDA-authorized test
    c. Negative for EGFR or ALK tumor aberrations
    d. Used as a single agent for first-line treatment

6. Stage IB (T2a ≥4cm), II, or IIIA non-small cell lung cancer (NSCLC)
    a. Used as a single agent
    b. Used as adjuvant treatment following resection and platinum-based chemotherapy

7. Resectable (tumors ≥4cm or node positive) non-small cell lung cancer (NSCLC)
    a. Used as neoadjuvant treatment
    b. Used in combination with platinum-containing chemotherapy
    c. Will be used as a single agent after resection

8. Metastatic squamous non-small cell lung cancer (NSCLC)

a. Used in combination with carboplatin and either paclitaxel or nab-paclitaxel as first-line treatment

9. Unresectable advanced or metastatic malignant pleural mesothelioma (MPM)
    a. Used in combination with pemetrexed and platinum chemotherapy as first-line treatment

10. Recurrent or metastatic head and neck squamous cell carcinoma (HNSCC) and **ONE** of the following:
    a. Resectable locally advanced HNSCC
        i. PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test
    b. Recurrent or metastatic HNSCC with **ONE** of the following:
        i. Used in combination with platinum and fluorouracil (FU) as first-line treatment
        ii. PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test
            1) Used as a single agent for first-line treatment
        iii. Disease progression on or after platinum-containing chemotherapy
            1) Used as a single agent

11. Locally advanced or metastatic urothelial carcinoma with **ONE** of the following:
    a. Used in combination with Padcev (enfortumab vedotin-ejfv)
    b. Patient is **NOT** eligible for any platinum-containing chemotherapy
        1) Used as a single agent
    c. Disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
        1) Used as a single agent

12. Muscle invasive bladder cancer (MIBC)
    a. Used in combination with Padcev (enfortumab vedotin-ejfv)
    b. Used as neoadjuvant treatment followed by adjuvant treatment after cystectomy

13. Non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS)
    a. Bacillus Calmette-Guerin (BCG)-unresponsive
    b. Patient is considered high-risk

c. Patient is ineligible for or has elected not to undergo cystectomy

14. Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors
    a. MSI-H or dMMR tumor status, as determined by an FDA-authorized test
    b. Solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options

15. Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC)
    a. MSI-H or dMMR tumor status, as determined by an FDA-authorized test

16. Locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction adenocarcinoma
    a. Used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy
    b. Used as first-line treatment
    c. PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test

17. Locally advanced unresectable or metastatic HER2-negative gastric or gastroesophageal junction adenocarcinoma
    a. Used in combination with fluoropyrimidine- and platinum-containing chemotherapy
    b. Used as first-line treatment
    c. PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test

18. Locally advanced or metastatic esophageal or gastroesophageal junction carcinoma
    a. Carcinoma is not amenable to surgical resection or definitive chemoradiation
    b. Keytruda Qlex is being used as **ONE** of the following:
        1) In combination with platinum- and fluoropyrimidine-based chemotherapy **AND** PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test
        2) As a single agent after one or more prior lines of systemic therapy for patients with tumors of squamous cell histology that express PD-L1 (CPS ≥ 10) as determined by an FDA-authorized test

19. Cervical cancer with **ONE** of the following:
    a. FIGO 2014 Stage III-IVA cervical cancer
        i. Used in combination with chemoradiotherapy
    b. Persistent, recurrent, or metastatic cervical cancer
        i. Used in combination with chemotherapy
        ii. PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test
    c. Recurrent or metastatic cervical cancer
        i. Used as a single agent
        ii. Disease progression on or after chemotherapy
        iii. PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test

20. Hepatocellular carcinoma (HCC)
    a. HCC secondary to hepatitis B
    b. Patient has received prior systemic therapy other than a PD-1/PD-L1-containing regimen

21. Locally advanced unresectable or metastatic biliary tract cancer (BTC)
    a. Used in combination with gemcitabine and cisplatin

22. Recurrent locally advanced or metastatic Merkel cell carcinoma (MCC)

23. Renal cell carcinoma (RCC) **AND ONE** of the following:
    a. First-line treatment for advanced RCC
        1) Used in combination with Inlyta (axitinib) **OR** Lenvima (lenvatinib)
        2) Prescriber agrees to monitor for hepatotoxicity
    b. Adjuvant treatment in patients with **ONE** of the following:
        1) Intermediate-high or high risk of recurrence following nephrectomy
        2) Following nephrectomy and resection of metastatic lesions

24. Endometrial carcinoma
    a. Patient has **ONE** of the following:
        1) Primary advanced or recurrent endometrial carcinoma
            1. Used in combination with carboplatin and paclitaxel, followed by Keytruda Qlex as a single agent

2) Advanced endometrial carcinoma
    1. Disease progression following prior systemic therapy
    2. **NOT** a candidate for curative surgery or radiation
    3. **AND ONE** of the following:
        a. MSI-H or dMMR tumor status, as determined by an FDA-authorized test
            i. Used as a single agent
        b. Mismatch repair proficient (pMMR) or **NOT** MSI-H as determined by an FDA-authorized test
            i. Used in combination with Lenvima (lenvatinib)

25. Unresectable or metastatic tumor mutational burden-high (TMB-H) solid tumors
    a. ≥10 mutations/megabase (mut/Mb) as determined by an FDA-authorized test
    b. Disease has progressed following prior treatment
    c. Patient has no satisfactory alternative treatment options
    d. **NOT** for use in pediatric patients with TMB-H central nervous system cancers

26. Recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) or locally advanced cSCC
    a. **NOT** curable by surgery or radiation

27. Triple-Negative Breast Cancer (TNBC) and **ONE** of the following:
    a. High-risk early-stage TNBC
        1) Used in combination with chemotherapy as neoadjuvant treatment **OR**
        2) Used as a single agent after surgery as adjuvant treatment
    b. Locally recurrent unresectable or metastatic TNBC
        1) PD-L1 tumor expression with combined positive score (CPS) ≥ 10 as determined by an FDA-authorized test
        2) Used in combination with chemotherapy **OR** Trodelvy (sacituzumab govitecan-hziy)

28. Platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma

a. PD-L1 tumor expression with combined positive score (CPS) ≥ 1 as determined by an FDA-authorized test
b. Used in combination with paclitaxel
c. Patient has received one or two prior systemic treatment regimens

AND ALL of the following for **ALL** indications:

a. Prescriber agrees to discontinue treatment for any immune mediated adverse reaction (encephalitis, nephritis, rash, decreased renal function and endocrinopathies) or disease progression
b. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Keytruda Qlex and for 4 months after the last dose

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Unresectable or metastatic melanoma
2. Stage IIB, IIC, or III melanoma following complete resection
3. Metastatic non-small cell lung cancer (NSCLC)
4. Metastatic nonsquamous non-small cell lung cancer (NSCLC)
5. Stage III non-small cell lung cancer (NSCLC)
6. Stage IB (T2a ≥4cm), II, or IIIA non-small cell lung cancer (NSCLC)
7. Non-small cell lung cancer (NSCLC) following resection
8. Metastatic squamous non-small cell lung cancer (NSCLC)
9. Unresectable advanced or metastatic malignant pleural mesothelioma (MPM)
10. Head and neck squamous cell carcinoma (HNSCC)
11. Locally advanced or metastatic urothelial carcinoma
    a. Used as a single agent **OR** used in combination with Padcev (enfortumab vedotin-ejfv)
12. Muscle invasive bladder cancer (MIBC)
    a. Used in combination with Padcev (enfortumab vedolin-ejfv)
13. Non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS)
14. Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors
15. Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer

16. Locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction adenocarcinoma
    a. Used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy
17. Locally advanced unresectable or metastatic HER2-negative gastric or gastroesophageal junction adenocarcinoma
    a. Used in combination with fluoropyrimidine- and platinum-containing chemotherapy
18. Locally advanced or metastatic esophageal or gastroesophageal junction carcinoma
19. Persistent, recurrent, or metastatic cervical cancer **OR** FIGO 2014 Stage III-IVA cervical cancer
20. Hepatocellular carcinoma (HCC)
21. Locally advanced unresectable or metastatic biliary tract cancer (BTC)
    a. Used in combination with gemcitabine and cisplatin
22. Recurrent locally advanced or metastatic Merkel cell carcinoma (MCC)
23. Renal cell carcinoma (RCC) **AND ONE** of the following:
    a. First-line treatment for advanced RCC
        i. Used in combination with Inlyta (axitinib) **OR** Lenvima (lenvatinib)
        ii. Prescriber agrees to monitor for hepatotoxicity
    b. Adjuvant treatment
24. Endometrial carcinoma **AND ONE** of the following
    a. Used as a single agent for advanced, primary advanced, or recurrent endometrial carcinoma
    b. Used in combination with Lenvima (lenvatinib) for advanced endometrial carcinoma
25. Unresectable or metastatic tumor mutational burden-high (TMB-H) solid tumors
    a. **NOT** for use in pediatric patients with TMB-H central nervous system cancers
26. Recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) or locally advanced cSCC
27. Triple-negative breast cancer (TNBC) and **ONE** of the following:
    a. High-risk early-stage TNBC used as single agent as adjuvant treatment
    b. Locally recurrent unresectable or metastatic TNBC
        i. Used in combination with chemotherapy **OR** Trodelvy (sacituzumab govitecan-hziy)
28. Platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma
    a. Used in combination with paclitaxel

AND the following:

a. Prescriber agrees to discontinue treatment for any immune mediated adverse reaction (encephalitis, nephritis, rash, decreased renal function and endocrinopathies) or disease progression
b. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Keytruda Qlex and for 4 months after the last dose

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits
Same as above

Rationale

Summary
Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) is a monoclonal antibody indicated for the treatment of patients with many different types of cancer formulated for subcutaneous administration. Clinically significant immune-mediated adverse reactions may occur with Keytruda Qlex therapy including pneumonitis, colitis, hepatitis, hypophysitis, nephritis, hyperthyroidism, hypothyroidism, skin adverse reaction, infusion-related reactions, and other immune-mediated adverse reactions. Based on the severity of the adverse reaction, Keytruda Qlex should be withheld or discontinued, and corticosteroids administered. Keytruda Qlex may cause fetal harm when administered to a pregnant woman. The safety and effectiveness of Keytruda Qlex have been established in pediatric patients (1-2).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Keytruda Qlex while maintaining optimal therapeutic outcomes.

References
1. Keytruda Qlex [package insert]. Rahway, NJ: Merck Sharp & Dohme Corp.; July 2026.

2. NCCN Drugs & Biologics Compendium® Pembrolizumab 2026. National Comprehensive Cancer Network, Inc. Accessed on February 11, 2026.

Policy History

Date	Action
January 2026	Addition to PA
March 2026	Annual review and reference update
April 2026	Per PI update, added indication of platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal carcinoma. Changed verbiage of FDA-approved test to FDA-authorized test
June 2026	Annual review and reference update
July 2026	Per PI update, modified requirements so adjuvant treatment of RCC does not need to be advanced RCC. Per PI update, added indication of TNBC in combination with Trodelvy. Per PI update, removed “ineligible for cisplatin containing chemotherapy” from MIBC. Also added FDA-authorized test requirement for esophageal cancer in combination with platinum- and fluoropyrimidine-based chemotherapy

Keywords

This policy was effective with interim approval on July 31, 2026 and will be reviewed by the FEP® Pharmacy and Medical Policy Committee on September 17, 2026.