

EXCEPTIONS CRITERIA

PD1/PDL1 PRODUCTS

PREFERRED PRODUCT: LIBTAYO

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the PD1/PDL1 products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. PD1/PDL1 Products

Indication(s)	Preferred Product*	Targeted Product(s)
Basal Cell and Squamous Cell Carcinoma	• Libtayo (cemiplimab)	• Keytruda (pembrolizumab)

*Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when the member meets one of the following criteria:

- A. Member has received treatment with the targeted product in the past 365 days.
- B. Member has had a documented intolerable adverse event to the preferred product.

REFERENCES

1. Keytruda [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; April 2023.
2. Clinical Consult. CVS Caremark Clinical Programs Review: Focus on Oncology Clinical Programs. May 2023.