

# Keytruda (pembrolizumab) — HCPCS J9271

CARECOST ESTIMATE · BILLING CHEAT SHEET

Merck Sharp & Dohme 100 mg / 4 mL single-dose vial IV infusion (30 min) q3w or q6w **Reviewed:** May 2, 2026 **ASP:** Q2 2026

<b>HCPCS</b> <b>J9271</b> 1 mg = 1 unit	<b>DOSE</b> <b>200 units</b> 200 mg q3w (or 400 q6w)	<b>MODIFIER</b> <b>JZ</b> No waste at flat dose	<b>ADMIN CPT</b> <b>96413</b> Chemo IV, 1st hr (+96415)	<b>MEDICARE ASP+6%</b> <b>\$61.251</b> /mg · \$12,250.20/200 mg
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## CODES & NDC

<b>HCPCS</b>	J9271 — "Injection, pembrolizumab, 1 mg" (permanent, eff. 1/1/2016)
<b>NDC (SINGLE)</b>	00006-3026-02 — 1 vial / carton (100 mg)
<b>NDC (DUAL)</b>	00006-3026-04 — 2 vials / carton (200 mg, standard adult dose)
<b>VIAL</b>	100 mg / 4 mL (25 mg/mL) single-dose
<b>SC SISTER</b>	Keytruda Qlex (NDC 00006-3083-01 / 00006-5083-01) — <b>no permanent J/Q code</b> ; bills via J3490 / J9999
<b>BENEFIT</b>	Medical (provider buy-and-bill)

## DOSING

- 200 mg IV every 3 weeks** (most common; 17 doses/year) — 2 × 100 mg vials, no waste
- 400 mg IV every 6 weeks** (extended; 8–9 doses/year) — 4 × 100 mg vials, no waste
- Infused over 30 min; 1 mg = 1 unit
- Pediatric (cHL, MSI-H/dMMR): 2 mg/kg q3w, max 200 mg/dose — partial-vial waste → JW
- Year-1 (200 mg q3w): **3,400 units** · (400 mg q6w): **3,400–3,600 units**

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Chemo IV infusion, initial up to 1 hr (primary)
96415	Each additional hour (rare for 30-min Keytruda)
96365/96366	<b>Not appropriate</b> — PD-1 inhibitors use chemo admin codes

**JZ required** on virtually every claim (single-dose container, no waste at 200 mg or 400 mg flat doses). **JW** only on weight-based pediatric doses with documented discard.

## SITE OF CARE

SETTING	POS	NOTES
Physician office	11	30-min fits cleanly
Ambulatory infusion	49	Common; payer-preferred
Hospital outpatient	19/22	UHC/Aetna disfavor for non-complex pts
Home infusion	12	Rare; payer-specific

## ICD-10 — COMMON INDICATIONS (21+ APPROVED)

INDICATION	CODE
Melanoma (adv/met, adjuvant)	C43.x
NSCLC (PD-L1 testing for 1L mono)	C34.x
HNSCC (head & neck SCC)	C00–C14, C32
Classical Hodgkin Lymphoma (cHL)	C81.x
PMBCL	C85.2
Urothelial (+ Padcev combo)	C67.x
MSI-H / dMMR CRC	C18–C20 + biomarker
Gastric / GEJ	C16.x
Esophageal	C15.x
Cervical (CPS ≥1)	C53.x
HCC (2L+)	C22.0
RCC (+ axitinib/lenvatinib)	C64–C66
Endometrial (+ Lenvima)	C54.x
TNBC (+ chemo)	C50.x
Ovarian (Feb 2026 add)	C56.x

## PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	NOTES
UnitedHealthcare	Yes	PD-L1/biomarker docs required for select indications
Aetna	Yes	Strict for NSCLC 1L mono (TPS), HNSCC, gastric, CRC
Anthem / Carelon	Yes	Site-of-care steerage to office/AIC
Medicare (MAC LCDs)	No PA	Coverage per FDA label + NCCN

**Biomarker:** PD-L1 IHC 22C3 (CPT 88360 / 88361) for NSCLC 1L mono, HNSCC, gastric/GEJ, esophageal, cervical, TNBC, ovarian. Submit results with PA.

### MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	<b>\$61.251 / mg</b> (4/1 – 6/30/2026)
200 mg dose (q3w)	<b>\$12,250.20</b>
400 mg dose (q6w)	<b>\$24,500.40</b>
Annualized (200 mg q3w × 17)	~\$208,253
Sequestration ~2%	Net ~ASP + 4.3%

### PATIENT ASSISTANCE — MERCK ACCESS PROGRAM

- **Phone:** 1-855-257-3932 (benefits, PA, appeals)
- **Commercial Co-pay:** eligible commercially-insured pts; **excludes Medicare/Medicaid/federal**
- **Merck Patient Assistance Program (PAP):** free product for uninsured/underinsured meeting income limits
- **Web:** [merckaccessprogram-keytruda.com](http://merckaccessprogram-keytruda.com)

**BOXED WARNING — Immune-Mediated Adverse Reactions:** Severe and fatal pneumonitis, colitis, hepatitis, endocrinopathies, nephritis, dermatologic, and other irAEs can occur in any organ. Monitor early; treat with corticosteroids. Higher rates with allogeneic HSCT. Permanent discontinuation may be required.