

# Keytruda Qlex (pembrolizumab SC + berahyaluronidase alfa-pmph) — HCPCS J9277 CARECOST ESTIMATE · BILLING CHEAT SHEET

Merck Sharp & Dohme 395 mg / 2.4 mL or 790 mg / 4.8 mL single-dose vial SC injection (1–2 min) **Reviewed:** May 21, 2026

ASP: Q2 2026 (first listed quarter)

<b>HCPCS</b> <b>J9277</b> 1 mg pembro = 1 unit	<b>DOSE</b> <b>395 units</b> 395 mg q3w (or 790 q6w)	<b>MODIFIER</b> <b>JZ</b> Required (no waste)	<b>ADMIN CPT</b> <b>96401</b> Chemo SC (1–2 min)	<b>MEDICARE ASP+6%</b> <b>\$32.129</b> /mg · \$12,690.96/395 mg
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### CODES & NDC

HCPCS	J9277 — "Inj, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph" (permanent, eff. 4/1/2026; pre-4/1/26 used J3490 / J9999)
NDC 395 MG	00006-3083-01 (1 vial/carton, 2.4 mL) — q3w dose
NDC 790 MG	00006-5083-01 (1 vial/carton, 4.8 mL) — q6w dose
CONCENTRATION	165 mg/mL pembrolizumab + 2,000 units/mL berahyaluronidase
SISTER DRUG	IV Keytruda ( J9271 ) — NDCs 00006-3026-02 / 00006-3026-04. <b>Not substitutable.</b>
BENEFIT	Medical (provider buy-and-bill)

### DOSING

- 395 mg SC q3w** — 2.4 mL injected over **1 min** (most common, ~17 doses/yr)
- 790 mg SC q6w** — 4.8 mL injected over **2 min** (~8–9 doses/yr)
- Inject into **thigh or abdomen**; avoid 5 cm radius around navel
- Fixed adult dose — no weight-based dosing in Qlex
- Age ≥12 only (MSI-H/dMMR solid tumors, Merkel cell); for <12 use IV Keytruda
- Year-1 totals: **6,715 units** (q3w) or 6,320–7,110 (q6w)

### ADMINISTRATION & MODIFIERS

CODE	WHEN
96401	Chemo SC, non-hormonal antineoplastic — <b>primary code for Qlex</b>
96372	Fallback for payers that deny 96401 on SC biologics — minority of commercial plans
96413	<b>NOT appropriate</b> — that's IV chemo (J9271), not Qlex

**JZ required on every claim.** Single-dose dose-matched vials = no waste. JW only on rare exception (broken vial after prep).

### ICD-10 — COMMON QLEX INDICATIONS

CODE	FOR
C34.x	NSCLC (PD-L1 testing for 1L mono)
C43.x	Melanoma (adjuvant + metastatic)
C67.x	Urothelial (± Padcev; MIBC perioperative)
C50.x	TNBC (PD-L1 CPS criteria)
C16.x	Gastric/GEJ (HER2 + PD-L1)
C53.x	Cervical (CPS ≥1)
C56.x	Ovarian (CPS ≥1, platinum-resistant)
C18-C20 + MSI-H	CRC, tissue-agnostic

### EXCLUDED FROM QLEX — USE IV KEYTRUDA (J9271)

CODE	FOR
C81.x	Classical Hodgkin Lymphoma (cHL) — <b>not Qlex-approved</b>
C85.2	PMBCL — <b>not Qlex-approved</b>
Pediatric <12	Weight-based dosing only on IV Keytruda
Pediatric TMB-H CNS	Excluded from Qlex per payer policy

**FDA do-not-substitute warning:** "Do not substitute Keytruda Qlex with intravenous pembrolizumab" — different doses, routes. Label-check every dose.

### PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	COMBINED POLICY / NOTES
UnitedHealthcare	Yes	J9271 + J9277 same policy; PD-L1/MSI-H enforced
Aetna	Yes	CPB 0890 "Pembrolizumab Products (Keytruda and Keytruda Qlex)"
BCBS plans	Yes	Vary; most use combined policy (e.g. FL 09-J2000-22)

**Switching from IV?** Most payers require a fresh PA for J9277 even when continuing same patient on same active ingredient. Document medical necessity for switch.

## MODIFIER WORKED EXAMPLE

### Routine 395 mg q3w dose, no waste:

- Line 1: J9277 × 395 units, JZ — drug administered
- Line 2: 96401 × 1 — SC chemo admin
- NDC: N4 00006-3083-01 ML 2.4 in 24A shaded

### Exception — vial cracks mid-prep on 790 mg dose; only 400 mg given, 390 mg discarded:

- Line 1: J9277 × 400 units, JZ
- Line 2: J9277 × 390 units, JW
- Line 3: 96401 × 1

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$32.129 / mg pembrolizumab (eff 4/1 – 6/30/2026)
395 mg dose	\$12,690.96 (395 × \$32.129)
790 mg dose	\$25,381.91 (790 × \$32.129)
Annual (either schedule)	~\$215,747
Next CMS update	July 1, 2026 (Q3)

**First ASP-listed quarter.** Expect volatility through 2026 Q3/Q4 as CMS captures Qlex utilization.

## TOP 3 DENIALS — WHAT TO FIX

- Wrong J-code (J9271 used for Qlex):** resubmit with J9277 + Qlex NDC.
- Wrong admin CPT (96413 used for SC):** resubmit with 96401.
- No new PA after IV-to-Qlex switch:** submit fresh J9277 PA with medical-necessity justification.

## PATIENT ASSISTANCE — MERCK ACCESS PROGRAM

- Phone:** 1-855-257-3932 (Mon–Fri, 8 AM – 8 PM ET)
- Commercial co-pay:** \$25 per administration; up to \$25,000/yr per patient (excludes Medicare/Medicaid)
- Merck Patient Assistance Program:** free product for uninsured/underinsured
- Foundations (Medicare):** PAN, HealthWell, CancerCare
- Web: [merckaccessprogram-keytruda.com/keytrudaqlex/hcp/](https://merckaccessprogram-keytruda.com/keytrudaqlex/hcp/)
- PAP web: [merckhelps.com/KEYTRUDA\\_QLEX](https://merckhelps.com/KEYTRUDA_QLEX)