

Medical Policy

Nasopharyngeal Carcinoma (NPC)

Last review date: **1/1/2026**

Prior review date: **10/1/2025**

Applicable Products

Keytruda (pembrolizumab)

Loqtorzi (toripalimab)

Opdivo (nivolumab)

Initial Approval Criteria for Keytruda, Loqtorzi, Opdivo

- Patient is 18 years of age or older; **AND**
- Agent will be used as:
 - Treatment in combination with cisplatin and gemcitabine with metastatic or recurrent locally advanced Nasopharyngeal Carcinoma (NPC); **OR**
 - Treatment of recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy; **AND**
- For Keytruda and Opdivo only, trial and failure of Loqtorzi

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet initial approval criteria; **AND**
- Absence of unacceptable toxicity from the drug

Length of Authorization

1 Year

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.