

Specialty Guideline Management

Libtayo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Libtayo	cemiplimab-rwlc

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

Cutaneous Squamous Cell Carcinoma (CSCC)

Libtayo is indicated for the treatment of adult patients with metastatic CSCC or locally advanced CSCC (laCSCC) who are not candidates for curative surgery or curative radiation.

Libtayo is indicated for the adjuvant treatment of adult patients with CSCC at high risk of recurrence after surgery and radiation.

Basal Cell Carcinoma (BCC)

Libtayo is indicated for the treatment of adult patients with locally advanced or metastatic BCC who have been previously treated with a hedgehog pathway inhibitor or for whom a hedgehog pathway inhibitor is not appropriate.

Non-Small Cell Lung Cancer (NSCLC)

- Libtayo, as a single agent, is indicated for the first-line treatment of adult patients with non-small cell lung cancer (NSCLC) whose tumors have high PD-L1 expression [Tumor Proportion Score (TPS) \geq 50%] as determined by an FDA-approved test, with no EGFR, ALK or ROS1 aberrations, and is:
 - locally advanced where patients are not candidates for surgical resection or definitive chemoradiation or
 - metastatic
- Libtayo, in combination with platinum-based chemotherapy, is indicated for the first-line treatment of adult patients with NSCLC with no EGFR, ALK, or ROS1 aberrations and is:
 - locally advanced where patients are not candidates for surgical resection or definitive chemoradiation or
 - metastatic

Compendial Uses²

- Squamous cell skin cancer
- Basal cell skin cancer
- Non-small cell lung cancer
- Vulvar Cancer
- Cervical Cancer
- Vaginal Cancer
- Anal carcinoma
- Small bowel adenocarcinoma
- Colon adenocarcinoma
- Appendiceal adenocarcinoma
- Rectal adenocarcinoma

All other indications are considered experimental/investigational and not medically necessary.

Exclusions

Coverage will not be provided for members who have experienced disease progression while on programmed death receptor-1 (PD-1) or programmed death ligand 1 (PD-L1) inhibitor therapy.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Documentation of programmed death ligand 1 (PD-L1) tumor expression, where applicable.

- Documentation of molecular testing for EGFR, ALK, ROS1, BRAF, NTRK, MET, or RET genomic tumor aberrations, where applicable.
- Documentation of laboratory report confirming MSI-H, mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumor status, where applicable.

Coverage Criteria

Cutaneous Squamous Cell Carcinoma (CSCC)^{1,2}

Authorization of 6 months may be granted as single-agent neoadjuvant treatment of very high risk, locally advanced, unresectable, or regional cutaneous squamous cell carcinoma.

Authorization of 6 months may be granted as single agent adjuvant treatment of CSCC at high risk of recurrence after surgery and radiation.

Authorization of 6 months may be granted for treatment of cutaneous squamous cell carcinoma when all of the following criteria are met:

- The disease is one of the following:
 - Metastatic
 - Locally advanced
 - Recurrent
- The member is not a candidate for curative surgery or curative radiation
- The requested medication will be used as a single agent

Basal Cell Carcinoma (BCC)^{1,2}

Authorization of 6 months may be granted for single-agent treatment of basal cell carcinoma in members who have received a hedgehog pathway inhibitor (e.g., vismodegib [Erivedge], sonidegib [Odomzo]) or for whom a hedgehog pathway inhibitor is not appropriate and when any of the following criteria are met:

- Member has locally advanced disease
- Member has nodal disease and surgery is not feasible
- Member has metastatic disease

Non-Small Cell Lung Cancer (NSCLC)^{1,2}

Authorization of 6 months may be granted for treatment of recurrent, advanced, or metastatic non-small cell lung cancer (NSCLC) when any of the following criteria are met:

- The requested medication will be used as first-line therapy and the tumor does not have EGFR exon 19 deletions or L858R mutations, ALK rearrangements, or ROS1 aberrations (unless testing is not feasible due to insufficient tissue) as either:

- A single agent for tumors with a high PD-L1 expression [Tumor Proportion Score (TPS) \geq 50%], or
- In combination with platinum-based chemotherapy
- The requested medication will be used as maintenance therapy following first-line cemiplimab-rwlc therapy and the tumor does not have EGFR exon 19 deletions or L858R mutations, ALK rearrangements, or ROS1 aberrations (unless testing is not feasible due to insufficient tissue) as either:
 - A single agent, or
 - In combination with pemetrexed
- The requested medication will be used as subsequent therapy in combination with platinum-based chemotherapy.

Vulvar Cancer²

Authorization of 6 months may be granted as subsequent therapy for advanced or recurrent/metastatic vulvar cancer when the requested medication will be used as a single agent.

Cervical Cancer²

Authorization of 6 months may be granted as subsequent therapy for recurrent or metastatic cervical cancer when the requested medication will be used as a single agent.

Vaginal Cancer²

Authorization of 6 months may be granted as subsequent therapy for recurrent or metastatic vaginal cancer when the requested medication will be used as a single agent.

Anal Carcinoma²

Authorization of 6 months may be granted as subsequent therapy for metastatic anal carcinoma when the requested medication will be used as a single agent.

Small Bowel Adenocarcinoma²

Authorization of 6 months may be granted as a single agent for treatment of either of the following:

- Advanced or metastatic small bowel adenocarcinoma with microsatellite instability-high (MSI-H), or mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumors
- Locally unresectable or medically inoperable small bowel adenocarcinoma with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumors

Colon Cancer²

Authorization of 6 months may be granted as a single agent for neoadjuvant therapy or treatment of unresectable, inoperable, or metastatic colon adenocarcinoma for microsatellite instability-high (MSI-H), or mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumors with ultra-hypermutated phenotype (e.g., tumor mutational burden (TMB) > 50 mut/Mb).

Appendiceal Cancer²

Authorization of 6 months may be granted as a single agent for treatment of advanced or metastatic appendiceal adenocarcinoma for microsatellite instability-high (MSI-H), or mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumors with ultra-hypermutated phenotype (e.g., tumor mutational burden (TMB) > 50 mut/Mb).

Rectal Cancer²

Authorization of 6 months may be granted as a single agent for neoadjuvant therapy or treatment of recurrent or metastatic rectal adenocarcinoma for microsatellite instability-high (MSI-H), or mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumors with ultra-hypermutated phenotype (e.g., tumor mutational burden (TMB) > 50 mut/Mb).

Continuation of Therapy

Basal Cell Carcinoma or Cutaneous Squamous Cell Carcinoma

Authorization of 6 months may be granted (up to 48 weeks total) for continued treatment in members requesting reauthorization for adjuvant treatment of cutaneous squamous cell carcinoma who have not experienced disease recurrence or an unacceptable toxicity.

Authorization of 6 months may be granted (up to 24 months total) for continued treatment in members requesting reauthorization for treatment of basal cell carcinoma or cutaneous squamous cell carcinoma (excluding adjuvant treatment) who have not experienced disease progression or an unacceptable toxicity.

All Other Indications

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Reference number(s)
2757-A

References

1. Libtayo [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; October 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc.
Available at: <https://www.nccn.org>. Accessed October 29, 2025.