

**Alimta (pemetrexed)**  
**Effective 10/01/2021**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Alimta is an antifolate chemotherapy agent; it disrupts folate-dependent metabolic processes essential for cell replication.

**Coverage Guidelines**

Authorization may be granted for members new to General Brigham Health Plan who are currently receiving treatment with Alimta excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization may be granted for members meeting the following criteria for diagnosis-specific indications and documentation is provided:

**1. Bladder Cancer**

Authorization may be granted for treatment of locally advanced, metastatic, or relapsed transitional cell urothelium cancer, as second-line treatment.

**2. Malignant Pleural Mesothelioma (MPM)**

Authorization may be granted for treatment of MPM when any of the following criteria are met:

- a. Alimta will be used as a single agent or in combination with cisplatin or carboplatin; or
- b. Alimta will be used in combination with bevacizumab and either cisplatin or carboplatin.

**3. Non-Small Cell Lung Cancer (Non-Squamous Histology)**

Authorization may be granted for treatment of non-squamous non-small cell lung cancer when ONE of the following is met:

- a. In combination with pembrolizumab and platinum chemotherapy, for the initial treatment of patients with metastatic non-squamous NSCLC, with no EGFR or ALK genomic tumor aberrations.
- b. In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).
- c. As a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy.
- d. As a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.

**4. Epithelial Ovarian Cancer, Fallopian Tube Cancer, and Primary Peritoneal Cancer**

Authorization may be granted for treatment of persistent or recurrent epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, as single agent therapy.

**5. Primary Central Nervous System (CNS) Lymphoma**

Authorization may be granted for treatment of primary CNS lymphoma, as a single agent.

**6. Thymomas and Thymic Carcinomas**

Authorization may be granted for treatment of thymoma or thymic carcinoma, as a single agent for second-line therapy.

**7. Malignant Peritoneal Mesothelioma (MPeM)**

Authorization may be granted for treatment of MPeM.

**8. Pericardial Mesothelioma**

Authorization may be granted for treatment of pericardial mesothelioma.

**9. Tunica Vaginalis Testis Mesothelioma**

Authorization may be granted for treatment of tunica vaginalis testis mesothelioma.

**10. Cervical Cancer**

Authorization may be granted for treatment of persistent or recurrent cervical cancer.

**Continuation of Therapy**

Reauthorization of 6 months may be granted for continued treatment for a listed indication when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 6 months for all diagnoses.
2. Alimta is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer (NSCLC)

**References**

1. Alimta (pemetrexed) [prescribing information]. Indianapolis, IN: Lilly USA, LLC; February 2021
2. Gandhi L, Rodríguez-Abreu D, Gadgeel S, et al; KEYNOTE-189 Investigators. Pembrolizumab plus chemotherapy in metastatic non-small-cell lung cancer. *N Engl J Med.* 2018;378(22):2078-2092
3. Hwang JP, Feld JJ, Hammond SP, et al. Hepatitis B virus screening and management for patients with cancer prior to therapy: ASCO provisional clinical opinion update. *J Clin Oncol.* 2020;38(31):3698-3715. doi:10.1200/JCO.20.01757



4. Kindler HL, Ismaila N, Armato SG 3rd, et al. Treatment of malignant pleural mesothelioma: American Society of Clinical Oncology clinical practice guideline. *J Clin Oncol*. 2018;36(13):1343-1373.  
doi:10.1200/JCO.2017.76.6394
5. Galsky MD, Mironov S, Iasonos A, et al. Phase II trial of pemetrexed as second-line therapy in patients with metastatic urothelial carcinoma. *Invest New Drugs* 2007; 25:265
6. The NCCN Drugs & Biologics Compendium 2020 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed July 7, 2020

#### **Review History**

07/19/2021- Reviewed July P&T; switched from CVS standard criteria to custom criteria; references updated; overview updated. Effective 10/01/2021.

