

Pemfexy (pemetrexed)
Effective 08/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Pemfexy is FDA approved for the following indications:

- In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).
- 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.
- As a single agent for the treatment of patients with recurrent, metastatic non-squamous NSCLC after prior chemotherapy.
- In combination with cisplatin for the initial treatment of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Pemfexy 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:

Malignant Pleural Mesothelioma (MPM)

Authorization may be granted for treatment of malignant pleural mesothelioma when the disease is unresectable or who are otherwise not candidates for curative surgery.

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:

1. In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).
2. 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.
3. As a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.

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. Pemetrexed is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer (NSCLC)

References

1. Pemetrexed (pemetrexed) [prescribing information]. Woodcliff Lake, NJ: Eagle Pharmaceuticals Inc; June 2020.

Review History

06/22/2022 – Created and Reviewed for June P&T. Effective 08/01/2022.

