

Pemetrexed disodium (Alimta®)

Pemetrexed (Pemfexy™)

Pemetrexed, various other manufacturer products

Pemetrexed ditromethamine

Place of Service

Office Administration

Outpatient Facility Infusion Administration

Infusion Center Administration

HCPCS

Pemfexy: **J9304** per 10 mg

Alimta: **J9305** per 10 mg

Pemtrexed NOS: **J9305** per 10 mg

Pemetrexed (teva): **J9314** per 10 mg

Pemetrexed (hospira): **J9294** per 10 mg

Pemetrexed (accord): **J9296** per 10 mg

Pemetrexed (sandoz): **J9297** per 10 mg

Pemetrexed (bluepoint): **J9322** per 10 mg

Pemetrexed ditromethamine: **J9323** per 10 mg

Pemetrexed (pemrydi rtu), **J9324** per 10 mg

Conditions listed in policy (see criteria for details)

- [Cervical cancer](#)
- [Epithelial ovarian cancer/ Fallopian tube cancer/ Primary peritoneal cancer](#)
- [Malignant pleural mesothelioma](#)
- [Non-small cell lung cancer](#)
- [Primary central nervous system lymphoma](#)
- [Thymoma/ thymic malignancies](#)

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: Folic acid antagonist

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for pemetrexed must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Cervical cancer

1. Recurrent or metastatic disease, **AND**
2. Being used as a single agent for second-line or subsequent therapy

Covered Doses

Up to 900 mg/m² IV on day 1 of 21-day cycle

Coverage Period

Indefinite

ICD-10:

C53.0, C53.1, C53.8, C53.9

Epithelial ovarian cancer/ fallopian tube cancer/ primary peritoneal cancer

1. Either of the following:
 - a. *Effective through 4/28/2024*: Being used as second line or subsequent treatment, or
 - b. *Effective 4/29/2024 and after*: Being used for persistent or recurrent disease,

AND

2. Being used as a single agent therapy

Covered Doses

Up to 900 mg/m² IV on day 1 of 21-day cycle

Coverage Period

Indefinite

ICD-10:

C48.1, C48.2, C48.8, C56.1, C56.2, C56.9, C57.00-C57.02, C57.10-C57.12, C57.20-C57.22, C57.3, C57.4, C57.7-C57.9, Z85.43

Malignant pleural mesothelioma (MPM)

1. One of the following:
 - a. Single agent, OR
 - b. Combination therapy with cisplatin or carboplatin, OR
 - c. Combination therapy with cisplatin or carboplatin, and bevacizumab

Covered Doses

Up to 500 mg/m² IV on day 1 of 21-day cycle

Coverage Period

Without bevacizumab: Indefinite

With bevacizumab: 6 cycles when given with bevacizumab

ICD-10:

C45.0, C45.1 C45.0, C45.2, C45.7, C45.9

Non-small cell lung cancer

1. Non-squamous histology, **AND**
2. Being used with or without radiation therapy, **AND**
3. One of the following:
 - a. Single agent use, OR
 - b. In combination with cisplatin or carboplatin, OR
 - c. In combination with bevacizumab with or without either carboplatin or cisplatin, OR
 - d. In combination with Keytruda with or without either carboplatin or cisplatin, OR
 - e. In combination with Opdivo, Yervoy, and either carboplatin or cisplatin, OR
 - f. In combination with Opdivo and either carboplatin or cisplatin, OR

- g. In combination with Imjudo, Imfinzi, and either carboplatin or cisplatin, OR
 - h. In combination with Imfinzi, OR
 - i. In combination with Libtayo with or without either carboplatin or cisplatin, OR
 - j. AnhHai41
- w

Covered Doses

Single agent

Up to 500 mg/m² IV on day 1 of 21-day cycle

Combination regimens (except with the regimen of Opdivo, Yervoy, carboplatin/cisplatin)

Up to 500 mg/m² IV on day 1 of 21-day cycle

Combination with Opdivo, Yervoy, carboplatin/cisplatin

Up to 500 mg/m² IV on days 1 and 22 of a 42-day cycle (2 doses total)

Coverage Period

Neoadjuvant or Adjuvant

Up to 7 cycles

Advanced, recurrent or metastatic disease

- Single agent use: indefinite
- Combination regimens (except with the regimen of Opdivo, Yervoy, carboplatin/cisplatin): indefinite
- Combination with Opdivo, Yervoy, carboplatin/cisplatin: 2 doses total

ICD-10:

C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, Z85.118

Primary CNS Lymphoma

1. Being used as a single agent therapy

Covered Doses

Up to 900 mg/m² IV on day 1 of 21-day cycle

Coverage Period

Indefinite

ICD-10:

C83.30, C83.39, C83.80, C83.89, C85.89, C85.99

Thymoma/ thymic malignancies

1. Second-line treatment after receiving prior chemotherapy or unable to tolerate chemotherapy, **AND**
2. Being used as a single agent therapy

Covered Doses

Up to 500 mg/m² IV on day 1 of 21-day cycle for 6 cycles

Coverage Period

6 cycles

ICD-10:

C37, D15.0

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for pemetrexed must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional InformationHow supplied:

Alimta (Pemetrexed disodium powder): 100mg, 500mg (single-use vial)

Pemfexy (Pemetrexed solution for injection): 500mg (multi-dose vial)

Pemetrexed disodium powder (various manufacturers): 100mg, 500mg, 750mg, 1000mg (single-use vial)

Pemetrexed disodium solution (various manufacturers): 100mg, 500mg, 850mg, 1000mg (single-use vial)

Pemetrexed solution for injection (various generic manufacturers including Teva manufacturer): 100mg, 500mg, 1000mg (single-use solution)

Pemetrexed lyophilizate for solution for injection (various generic manufacturers): 100mg, 500mg (single-use solution)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Alimta® (pemetrexed) [Prescribing Information]. Indianapolis, IN: Eli Lilly and Company; 8/2022.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National comprehensive cancer network. Central nervous system cancers (Version 2.2021). Available at <http://www.nccn.org>.
- National comprehensive cancer network. Malignant pleural mesothelioma (Version 1.2022). Available at <http://www.nccn.org>.
- National comprehensive cancer network. Non-small cell lung cancer (Version 3.2022). Available at <http://www.nccn.org>.
- National comprehensive cancer network. Ovarian cancer/fallopian tube cancer/primary peritoneal cancer (Version 1.2022). Available at <http://www.nccn.org>.
- National comprehensive cancer network. Thymomas and thymic carcinomas (Version 1.2022). Available at <http://www.nccn.org>.

- Pemetrex (pemetrexed) [Prescribing Information]. Woodcliff Lake, NJ: Eagle Pharmaceuticals, Inc.; 2/2020.

(7) Policy Update

Date of last revision: 1Q2024

Date of next review: 1Q2024 (March)

Changes from previous policy version:

- Section (2): Non-small cell lung cancer –
 - Added coverage of EGFR exon 19 deletion or exon 21 L858R NSCLC in combination with Tagrisso and either carboplatin or cisplatin
 - Added coverage of EGFR exon 20 insertion, exon 21 L858R, EGFR S768I, L861Q, and/or G719X NSCLC in combination with Rybrevant and carboplatin

Rationale: NCCN category 1 support
- Section (2): Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer – Effective 4/29/2024, will require disease to be persistent or recurrent. *Rationale: NCCN category 2A support*

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*