Medical Policy

Alimta® (pemetrexed)	
MEDICAL POLICY NUMBER	Med_Clin_Ops_080
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	*Individual Family Plan:* All Plans *Small Group*: All Plans *Medicare Advantage:* All Plans

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan Medical Policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at http://www.cms.gov for additional information.

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PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for Alimta® (pemetrexed) therapy.

POLICY

Prior Authorization and Medical Review is required.

Coverage for Alimta will be provided for 6 months and may be renewed.
Dosing Limitation: Dose to not exceed 130 billable units every 21 days

A. Patient is 18 years of age or older; **AND**
B. Alimta is prescribed by, or in consultation with an oncologist; **AND**

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Non-Squamous Non-Small Cell Lung Cancer (NSCLC)

A. Patient has a diagnosis of locally advanced or metastatic, NSCLC; **AND**
B. Alimta will be used in combination with cisplatin for initial treatment; **OR**
C. Patient has a diagnosis of metastatic non-squamous NSCLC; **AND**
D. Patient does not have EGFR or ALK genomic tumor aberrations; **AND**
E. Alimta will be used in combination with pembrolizumab and platinum chemotherapy for initial treatment; **OR**
F. Patient has a diagnosis of locally advanced or metastatic, non-squamous NSCLC; **AND**
G. Patient's disease has not progressed after four cycles of platinum-based first-line chemotherapy; **AND**
H. Alimta will be used as a single agent for maintenance treatment; **OR**
I. Patient has a diagnosis of recurrent, metastatic non-squamous, NSCLC; **AND**
J. Patient has had prior chemotherapy; **AND**
K. Alimta will be used as a single agent.

Mesothelioma

A. Patient has a diagnosis of malignant pleural mesothelioma; **AND**
B. Patient's disease is unresectable, or patient is otherwise not candidates for curative surgery; **AND**
C. Alimta will be used in combination with cisplatin as initial treatment.

LIMITATIONS/EXCLUSIONS

1. Any indication other than those listed above due to insufficient evidence of therapeutic value
2. Treatment of patients with squamous cell, non-small cell lung cancer.

BACKGROUND

Alimta is a folate analog metabolic inhibitor that exerts its antineoplastic activity by disrupting folatedependent metabolic processes essential for cell replication.

DEFINITIONS

1. ALIMTA (pemetrexed for injection), for Intravenous Use. Initial U.S. Approval: 2004
    a. ALIMTA, pemetrexed for injection, is a white-to-light yellow or green-yellow lyophilized powder supplied in single-dose vials for reconstitution for intravenous infusion.
        i. NDC 0002-7640-01 (VL7640): Carton containing one (1) single-dose vial of 100 mg pemetrexed.
        ii. NDC 0002-7623-01 (VL7623): Carton containing one (1) single-dose vial of 500 mg pemetrexed.

CODING

Applicable NDC Codes	
00002-7640-01	ALIMTA, pemetrexed for injection (1) single-dose vial of 100 mg
00002-7623-01	ALIMTA, pemetrexed for injection (1) single-dose vial of 500 mg

Applicable Procedure Code	
J9305	Injection, pemetrexed, 10 mg; 1 billable unit = 10mg

Applicable ICD-10 Codes	
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.4	Malignant neoplasm of pleura
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube

C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C61	Malignant neoplasm of prostate
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.31	Diffuse large B-cell lymphoma lymph nodes of head, face, and neck
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
D09.0	Carcinoma in situ of bladder
D15.0	Benign neoplasm of thymus
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.43	Personal history of malignant neoplasm of ovary
Z85.51	Personal history of malignant neoplasm of bladder

Z85.59	Personal history of malignant neoplasm of other urinary tract organ

EVIDENCE BASED REFERENCES

1. Product Information: ALIMTA(R) intravenous injection, pemetrexed intravenous injection. Lilly USA LLC (per FDA), Indianapolis, IN, 2019.

POLICY HISTORY

Original Effective Date	January 1, 2021
Revised Date	February 2, 2022: Annual review – no changes made. February 28, 2023 – Annual Review and approval (no policy revisions made) March 1, 2023: Adopted by MA UMC January 1, 2024 - Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)

Approved by Pharmacy and Therapeutics Committee 2/28/23