	<b>Johns Hopkins HealthCare LLC</b> <b>Pharmacy Public</b> <b>Medical Management Drug Policies</b>	<i>Policy Number</i>	MMDP044
		<i>Effective Date</i>	06/01/2022
		<i>Review Date</i>	04/20/2022
	<i>Subject</i> <b>Alimta</b>	<i>Revision Date</i>	04/20/2022
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This document applies to the following Participating Organizations:

US Family Health Plan

**Keywords:** Alimta


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## **I. POLICY**

- A. Alimta (pemetrexed) will require prior authorization for medical benefit coverage to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.

## **II. POLICY CRITERIA**

- A. Alimta may be approved for patients who meet the following:
1. Bladder Cancer
    - a. Documentation has been submitted showing the patient has locally advanced, metastatic, or relapsed transitional cell urothelium cancer, and Alimta will be used as second-line treatment.
  2. Malignant Pleural Mesothelioma (MPM)
    - a. Documentation has been submitted showing one of the following:
      - I. Alimta will be used as a single agent or in combination with cisplatin or carboplatin
      - II. Alimta will be used in combination with bevacizumab and either cisplatin or carboplatin.
  3. Non-Small Cell Lung Cancer (Non-Squamous Histology)
    - a. Documentation has been submitted showing the patient has non-squamous non-small cell lung cancer.
  4. Ovarian Cancer, Fallopian Tube Cancer, and Primary Peritoneal Cancer
    - a. Documentation has been submitted showing:
      - I. The patient has one of the following:
        - persistent or recurrent epithelial ovarian cancer
        - fallopian tube cancer, primary peritoneal cancer
        - carcinosarcoma (malignant mixed Mullerian tumors)
        - clear cell carcinoma
        - grade 1 endometrioid carcinoma
        - low-grade serious carcinoma/ovarian borderline
        - epithelial tumor (low malignant potential) with invasive implants
        - mucinous carcinoma
      - II. Alimta will be used as a single agent treatment
  5. Primary Central Nervous System (CNS) Lymphoma

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- a. Documentation has been submitted showing Alimta will be used as a single agent for treatment of primary CNS lymphoma
6. Thymomas and Thymic Carcinomas
  - a. Documentation has been submitted showing Alimta will be used as a single agent for treatment of thymoma or thymic carcinoma
7. Malignant Peritoneal Mesothelioma (MPeM)
  - a. Documentation has been submitted supporting a diagnosis of MPeM
8. Pericardial Mesothelioma
  - a. Documentation has been submitted supporting pericardial mesothelioma
9. Tunica Vaginalis Testis Mesothelioma
  - a. Documentation has been submitted supporting tunica vaginalis testis mesothelioma
10. Cervical Cancer
  - a. Documentation has been submitted supporting persistent or recurrent cervical cancer.

### **III. AUTHORIZATION PERIOD/LIMITATIONS**

- A. Initial approval will be limited to 6 months of therapy
- B. Continuation of therapy may be approved in 6-month intervals with documentation showing the patient is continuing to tolerate the regimen and there has not been disease progression while on treatment.

### **IV. EXCLUSIONS**

- A. Alimta will not be covered for the following:
  1. Patients with squamous cell NSCLC
  2. Any indications or uses that are not FDA-approved, or guideline-supported

### **V. RECOMMENDED DOSAGE**

Please refer to the FDA-approved prescribing information for indication-specific dosing details.

### **VI. CODES**


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**Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage.**

Medication	HCPCS/CPT Code
Injection, pemetrexed, not otherwise specified, 10 mg	J9305

### **VII. REFERENCES**

1. Alimta [prescribing information]. Indianapolis, IN: Lilly USA, LLC; January 2019.

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2. The NCCN Drugs & Biologics Compendium 2022 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed March 1, 2022.

## VIII. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
04/20/2022	Policy Creation

Review Date: 04/20/2022

Revision Date: