



## **Pemetrexed:** **Alimta®; Pemfexy™; Pemetrexed Ψ** **(Intravenous)**

**-E-**

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### I. Length of Authorization 15,26,28-30

Coverage will be provided for 6 months and may be renewed, unless otherwise specified.

- Thymomas: Coverage will be provided for six (6) 21-day cycles and may NOT be renewed.
- MPM in combination with bevacizumab AND either cisplatin or carboplatin: Coverage will be provided for six (6) cycles and may NOT be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Alimta 100 mg powder for injection in a single-use vial: 4 vials every 21 days
- Alimta 500 mg powder for injection in a single-use vial: 4 vials every 21 days
- Pemfexy 500 mg solution for injection in a multi-dose vial: 4 vials every 21 days
- Pemetrexed 750 mg powder for injection: 2 vials every 21 days
- Pemetrexed 1000 mg powder for injection: 2 vials every 21 days
- Pemetrexed 100 mg/4 mL solution for injection: 4 vials every 21 days
- Pemetrexed 500 mg/20 mL solution for injection: 4 vials every 21 days
- Pemetrexed 850 mg/34 mL solution for injection: 2 vials every 21 days
- Pemetrexed 1000 mg/40 mL solution for injection: 2 vials every 21 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- Pemfexy (500 mg MDV):
  - Ovarian Cancer: 225 billable units every 21 days
  - All other indications: 125 billable units every 21 days
- All other manufacturers (100 mg, 500 mg, 750 mg, 850 mg, and 1000 mg SDV):
  - Ovarian Cancer: 230 billable units every 21 days
  - All other indications: 130 billable units every 21 days

### III. Initial Approval Criteria <sup>1,2</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Malignant Pleural Mesothelioma (MPM) † ‡ Φ <sup>1-6,10,26,31,79e,80e</sup>

- Used as induction therapy; **AND**
  - Used in combination with cisplatin or carboplatin (if cisplatin ineligible) in patients with clinical stage I-IIIA disease and epithelioid histology; **OR**
- Used as first-line therapy; **AND**
  - Used in combination with bevacizumab AND either cisplatin or carboplatin (if cisplatin ineligible) for unresectable disease; **OR**
  - Used in combination with cisplatin or carboplatin (if cisplatin ineligible); **AND**
    - Disease is unresectable or patient is not a candidate for curative surgery; **OR**
- Used as subsequent therapy; **AND**
  - Used as a single agent OR in combination with cisplatin or carboplatin (if cisplatin ineligible), with or without bevacizumab; **AND**
    - Immunotherapy was administered as first-line treatment; **OR**
    - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response

#### Non-Squamous Non-Small Cell Lung Cancer (NS-NSCLC) † ‡ <sup>1-3,7-9,11,12,28,30,50e,51e,54e,56e-58e,81e-83e</sup>

- Used in combination with carboplatin or cisplatin; **OR**
- Used in combination with bevacizumab, pembrolizumab, cemiplimab, or durvalumab for continuation maintenance therapy if previously used first-line and patient achieved a tumor response or stable disease following initial therapy; **OR**
- Used in combination with cisplatin and nivolumab as neoadjuvant therapy for resectable (tumors  $\geq$  4 cm or node positive) disease; **OR**
- Used in combination with one of the following:
  - Bevacizumab and either cisplatin or carboplatin
  - Pembrolizumab and either cisplatin or carboplatin
  - Cemiplimab and either cisplatin or carboplatin
  - Tremelimumab, durvalumab, and either cisplatin or carboplatin; **OR**
- Used in combination with nivolumab, ipilimumab, and either cisplatin or carboplatin; **AND**
  - Use of pemetrexed will be restricted to patients with a contraindication or intolerance to one of the following:
    - Pembrolizumab/carboplatin (or cisplatin)/pemetrexed

- Cemiplimab/platinum-based chemotherapy; **OR**

- Used as a single agent; **AND**
  - Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
    - Used as first-line therapy for tumors that are negative for actionable molecular biomarkers\*; **OR**
    - Used as first-line therapy for EGFR exon 20 mutation, KRAS G12C mutation, BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, RET rearrangement, or ERBB2 (HER2) mutation positive tumors; **OR**
    - Used as subsequent therapy; **OR**
    - Used as continuation or switch maintenance therapy in patients who have achieved a tumor response or stable disease following initial therapy

**\* Note:** Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2). If there is insufficient tissue to allow testing for all of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2), repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.

#### Thymomas ¶ 3,14,15,25,68e

- Used as a single agent; **AND**
- Used as second-line therapy for unresectable or metastatic disease; **AND**
- Use of pemetrexed will be restricted to patients with a contraindication or intolerance to a generically available agent/regimen (e.g., gemcitabine/capecitabine, etc. [see NCCN Thymomas and Thymic Carcinomas guideline for complete list of alternative regimens])

#### Ovarian, Fallopian Tube, and Primary Peritoneal Cancer ¶ 3,13,24,74e,75e

- Used as a single agent; **AND**
  - Patient has recurrent or persistent Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Carcinoma of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, or Clear Cell Carcinoma of the Ovary; **AND**
    - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **AND**
    - Patient has platinum-resistant disease; **AND**
    - Patient must demonstrate an inadequate response to a generically available agent (e.g., docetaxel, etoposide, etc.), unless there is a contraindication or

- intolerance, prior to approval of pemetrexed (*see NCCN Ovarian Cancer guideline for complete list of alternative agents*); OR
- Patient has recurrent Low-Grade Serous Carcinoma; AND
    - Patient has platinum-resistant disease; AND
    - Patient must demonstrate an inadequate response to a generically available agent (e.g., docetaxel, etoposide, etc.), unless there is a contraindication or intolerance, prior to approval of pemetrexed (*see NCCN Ovarian Cancer guideline for complete list of alternative agents*)

**Preferred therapies and recommendations are determined by review of clinical evidence.**  
**NCCN category of recommendation is taken into account as a component of this review.**  
**Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.**

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

§ Genomic Aberration/Mutational Driver Targeted Therapies (Note: not all inclusive, refer to guidelines for appropriate use)				
Sensitizing EGFR mutation-positive tumors	ALK rearrangement-positive tumors	ROS1 rearrangement-positive tumors	BRAF V600E-mutation positive tumors	NTRK1/2/3 gene fusion positive tumors
<ul style="list-style-type: none"> <li>– Afatinib</li> <li>– Erlotinib</li> <li>– Dacomitinib</li> <li>– Gefitinib</li> <li>– Osimertinib</li> <li>– Amivantamab (exon-20 insertion)</li> <li>– Mobocertinib (exon-20 insertion)</li> </ul>	<ul style="list-style-type: none"> <li>– Alectinib</li> <li>– Brigatinib</li> <li>– Ceritinib</li> <li>– Crizotinib</li> <li>– Lorlatinib</li> </ul>	<ul style="list-style-type: none"> <li>– Ceritinib</li> <li>– Crizotinib</li> <li>– Entrectinib</li> <li>– Lorlatinib</li> </ul>	<ul style="list-style-type: none"> <li>– Dabrafenib ± trametinib</li> <li>– Vemurafenib</li> </ul>	<ul style="list-style-type: none"> <li>– Larotrectinib</li> <li>– Entrectinib</li> </ul>
PD-L1 tumor expression ≥ 1%	MET exon-14 skipping mutations	RET rearrangement-positive tumors	KRAS G12C mutation positive tumors	ERBB2 (HER2) mutation positive tumors
<ul style="list-style-type: none"> <li>– Pembrolizumab</li> <li>– Atezolizumab</li> <li>– Nivolumab + ipilimumab</li> <li>– Cemiplimab</li> <li>– Tremelimumab + durvalumab</li> </ul>	<ul style="list-style-type: none"> <li>– Capmatinib</li> <li>– Crizotinib</li> <li>– Tepotinib</li> </ul>	<ul style="list-style-type: none"> <li>– Selpercatinib</li> <li>– Cabozantinib</li> <li>– Pralsetinib</li> </ul>	<ul style="list-style-type: none"> <li>– Sotorasib</li> <li>– Adagrasib</li> </ul>	<ul style="list-style-type: none"> <li>– Fam-trastuzumab deruxtecan-nxki</li> <li>– Ado-trastuzumab emtansine</li> </ul>

#### IV. Renewal Criteria <sup>1,2</sup>

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; AND

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- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: myelosuppression (e.g., neutropenia, febrile neutropenia, thrombocytopenia, anemia), renal toxicity ( $\text{CrCl} < 45 \text{ mL/min}$ ), bullous and exfoliative skin toxicity (e.g., Stevens-Johnson Syndrome/Toxic epidermal necrolysis), interstitial pneumonitis, radiation recall, etc.; AND
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; AND

#### **MPM<sup>26,29</sup>**

- Coverage may NOT be renewed when used in combination with bevacizumab AND either cisplatin or carboplatin

#### **Thymomas<sup>15</sup>**

- Coverage may NOT be renewed

### **V. Dosage/Administration<sup>1,2,10,13,15,16,26,28-33</sup>**

Indication	Dose
Non-Squamous NSCLC	Administer up to 500 mg/m <sup>2</sup> intravenously every 21 days
MPM	Administer 500 mg/m <sup>2</sup> intravenously every 21 days <ul style="list-style-type: none"> <li>– For 6 cycles only when used in combination with bevacizumab AND either cisplatin or carboplatin</li> <li>– All others until disease progression or unacceptable toxicity</li> </ul>
Ovarian Cancer	Administer 900 mg/m <sup>2</sup> intravenously every 21 days, until disease progression or unacceptable toxicity
Thymomas	Administer 500 mg/m <sup>2</sup> intravenously every 21 days for a maximum of 6 cycles or until disease progression or unacceptable toxicity
<ul style="list-style-type: none"> <li>• Supplement with oral folic acid and intramuscular vitamin B<sub>12</sub>.</li> <li>• Avoid administration of ibuprofen for 2 days before, the day of, and 2 days following administration in patients with <math>\text{CrCl} &lt; 80 \text{ mL/min}</math>.</li> <li>• Do not administer in patients with <math>\text{CrCl} &lt; 45 \text{ mL/min}</math>.</li> </ul>	

### **VI. Billing Code/Availability Information**

Product Formulation	Drug	Manufacturer	Type	HCPCS Code	NDC
Pemetrexed Disodium Lyophilisate for injection	Alimta 100 mg powder for inj. SDV *	Lilly	Brand	J9305	00002-7640-xx
	Alimta 500 mg powder for inj. SDV *				00002-7623-xx
	Pemetrexed 100 mg powder for inj. SDV ψ	Hospira	Brand	J9294	00409-1060-xx
	Pemetrexed 500 mg powder for inj. SDV ψ				00409-1061-xx
	Pemetrexed 750 mg powder for inj. SDV *	N/A	Generic	J9305	N/A
	Pemetrexed 1000 mg powder for inj. SDV *				
	Pemetrexed 100 mg powder for inj. SDV ψ	BluePoint	Brand	J9322	68001-0543-xx
	Pemetrexed 500 mg powder for inj. SDV ψ				68001-0544-xx
	Pemetrexed 750 mg powder for inj. SDV ψ				68001-0545-xx
	Pemetrexed 1000 mg powder for inj. SDV ψ				68001-0546-xx

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Pemetrexed Disodium Solution for injection	Pemetrexed 100 mg/4 mL inj. SDV $\Psi$	Sandoz	Brand	J9297	00781-3518-xx			
		Accord	Brand	J9296	16729-0522-xx			
		Hospira	Brand	J9294	00409-1045-xx			
	Pemetrexed 500 mg/20 mL inj. SDV $\Psi$	Sandoz	Brand	J9297	00781-3519-xx			
		Accord	Brand	J9296	16729-0522-xx			
		Hospira	Brand	J9294	00409-2188-xx			
	Pemetrexed 850 mg/34mL inj. SDV $\Psi$	Accord	Brand	J9296	16729-0522-xx			
	Pemetrexed 1000 mg/40 mL inj. SDV $\Psi$	Accord	Brand	J9296	16729-0522-xx			
		Hospira	Brand	J9294	00409-3532-xx			
Pemetrexed Solution for injection	Pemfexy 500 mg/20 mL inj. MDV	Eagle	Brand	J9304	42367-0531-xx			
	Pemetrexed 100 mg/4mL inj. SDV $\Psi$	Teva	Brand	J9314	00480-4516-xx			
	Pemetrexed 500 mg/20 mL inj. SDV $\Psi$	Teva	Brand	J9314	00480-4514-xx			
	Pemetrexed 1000 mg/40 mL inj. SDV $\Psi$	Teva	Brand	J9314	00480-4515-xx			
Pemetrexed Ditromethamine for injection	Pemetrexed 100 mg powder for inj. SDV $\Psi$	Hospira	Brand	J9323	00409-1060-xx			
	Pemetrexed 500 mg powder for inj. SDV $\Psi$				00409-1061-xx			
<b>*Multiple manufacturers produce ANDA generics</b>								
$\Psi$ Designated products approved by the FDA as a 505(b)(2) NDA of the innovator product. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: <a href="#">Approved Drug Products with Therapeutic Equivalence Evaluations / Orange Book / FDA</a>								
J9294 – Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg J9296 – Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg J9297 – Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg J9304 – Injection, pemetrexed (pemfexy), 10 mg J9305 – Injection, pemetrexed, not otherwise specified, 10 mg J9314 – Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg J9322 – Injection, pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg J9323 – Injection, pemetrexed ditromethamine, 10 mg J9999 – Injection, pemetrexed various (shipla, etc.), 10 mg								

## VII. References (STANDARD)

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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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
C45.0	Mesothelioma of pleura
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
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube

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<b>ICD-10</b>	<b>ICD-10 Description</b>
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
D15.0	Benign neoplasm of thymus
D38.4	Neoplasm of uncertain behavior of thymus
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.43	Personal history of malignant neoplasm of ovary

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

<b>Medicare Part B Administrative Contractor (MAC) Jurisdictions</b>		
<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT,	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp
N (9)	FL, PR, VI	First Coast Service Options, Inc.

### PEMETREXED -E- (Alimta®; Pemfexy™; Pemetrexed Ψ)

#### Prior Auth Criteria

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

**PEMETREXED -E- (Alimta®; Pemfexy™; Pemetrexed Ψ)**

**Prior Auth Criteria**