### Market Applicability

<table>
<thead>
<tr>
<th>Market</th>
<th>DC</th>
<th>GA</th>
<th>KY</th>
<th>MD</th>
<th>NJ</th>
<th>NY</th>
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<tbody>
<tr>
<td>Applicable</td>
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<td>X</td>
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### Alimta
**(pemetrexed disodium)**

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
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<tbody>
<tr>
<td>Prior Authorization</td>
<td>1 year</td>
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### Medications

| Alimta (pemetrexed disodium) |

### APPROVAL CRITERIA

Requests for Alimta (pemetrexed disodium) may be approved if the following criteria are met:

I. Individual has a diagnosis of malignant mesothelioma; **AND**
   A. Individual is using in combination with cisplatin or carboplatin (Label, NCCN 2A); **OR**
   B. Individual is using as a first-line of therapy in combination with cisplatin or carboplatin AND bevacizumab (or bevacizumab biosimilar) (Label, NCCN 2A); **AND**
      1. Individual has an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2; **AND**
      2. Individual does not have a history of hemoptysis or thrombosis; **AND**
      3. Disease presentation is unresectable; **OR**
   C. Individual is using as single agent for subsequent therapy (NCCN 1); **AND**
      1. Alimta (pemetrexed) was not administered as first-line; **OR**
      2. Alimta (pemetrexed) was used as first-line with good sustained response;

OR

II. Individual has a diagnosis of locally advanced or metastatic non-squamous, non-small cell lung cancer (NSCLC); **AND**
   A. Individual is using as a single agent after prior chemotherapy; **OR**
   B. Individual is using as first-line of therapy in combination with platinum-based chemotherapy with or without bevacizumab (or bevacizumab biosimilar) (NCCN 2A); **OR**
   C. Individual is using as second-line therapy (first-line chemotherapy) in combination with platinum-based chemotherapy with or without bevacizumab (or bevacizumab biosimilar) if tyrosine-kinase inhibitor (TKI)/anaplastic lymphoma kinase (ALK) targeted agent was given as first-line therapy (NCCN 1); **OR**
   D. Individual is using for maintenance therapy when disease has not progressed following four cycles of platinum-based, first-line therapy; **OR**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
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E. Individual is using in combination with pembrolizumab (Keytruda) and platinum chemotherapy for initial treatment in those with confirmation of EGFR, ALK, ROS1, and BRAF mutations that are negative or unknown aberrations (Label, NCCN 2A); **OR**

F. Individual is using as continuous maintenance therapy until disease progression, if given first-line as part of Keytruda (pembrolizumab)/platinum chemotherapy/and pemetrexed regimen (NCCN 1);

**OR**

III. Individual is using as a single-agent therapy; **AND**

IV. Individual has one of the following (NCCN 2A):
   A. Individual has a diagnosis for persistent or recurrent ovarian cancer; **OR**
   B. Individual has a diagnosis for thymic cancer and thymomas and using as second-line therapy.

Requests for Alimta (pemetrexed disodium) may **not** be approved for the:

I. Individual has a diagnosis of squamous cell non-small cell lung cancer; **OR**

II. When the above criteria are not met and for all other indications.

### Key References:


Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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