Reference number(s)
1900-A

SPECIALTY GUIDELINE MANAGEMENT

ALIMTA (pemetrexed)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Nonsquamous non-small cell lung cancer (NSCLC)
   a. Alimta is indicated in combination with cisplatin therapy for the initial treatment of patients with locally advanced or metastatic nonsquamous NSCLC.
   b. Alimta is indicated for the maintenance treatment of patients with locally advanced or metastatic nonsquamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy.
   c. Alimta is indicated as a single agent for the treatment of patients with locally advanced or metastatic nonsquamous NSCLC after prior chemotherapy.

   Limitations of use: Alimta is not indicated for the treatment of patients with squamous cell NSCLC.

2. Malignant pleural mesothelioma (MPM)
   Alimta in combination with cisplatin is indicated for the treatment of patients with MPM whose disease is unresectable or who are otherwise not candidates for curative surgery.

B. Compendial Uses
1. Bladder cancer, primary carcinoma of the urethra, upper genitourinary (GU) tract tumors, and urothelial carcinoma of the prostate
2. Malignant pleural mesothelioma
3. Nonsquamous NSCLC
4. Ovarian cancer (epithelial histology), fallopian tube cancer, and primary peritoneal cancer
5. Primary central nervous system (CNS) lymphoma
6. Thymoma and thymic carcinoma
7. Malignant peritoneal mesothelioma

All other indications are considered experimental/investigational and are not a covered benefit.

II. EXCLUSIONS

Coverage will not be provided for members with any of the following exclusions: Squamous cell NSCLC

III. CRITERIA FOR INITIAL APPROVAL

A. Bladder Cancer, Primary Carcinoma of the Urethra, Upper Genitourinary Tract Tumors, or Urothelial Carcinoma of the Prostate

1. Bladder Cancer
Authorization of 12 months may be granted for treatment of bladder cancer.

2. Primary Carcinoma of the Urethra, Upper Genitourinary Tract Tumors, or Urothelial Carcinoma of the Prostate
Authorization of 12 months may be granted for treatment of recurrent or metastatic primary carcinoma of the urethra, upper genitourinary tract tumors, or urothelial carcinoma of the prostate.

B. Malignant Pleural Mesothelioma (MPM)
Authorization of 12 months may be granted for treatment of MPM.

C. Non-Small Cell Lung Cancer (Non-Squamous)
Authorization of 12 months may be granted for treatment of non-squamous non-small cell lung cancer.

D. Ovarian Cancer (Epithelial)/Fallopian Tube Cancer/Primary Peritoneal Cancer
Authorization of 12 months may be granted for treatment of persistent or recurrent epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer.

E. Primary CNS Lymphoma
Authorization of 12 months may be granted for treatment of relapsed or refractory primary CNS lymphoma.

F. Thymoma and Thymic Carcinoma
Authorization of 12 months may be granted for treatment of thymoma or thymic carcinoma.

G. Malignant Peritoneal Mesothelioma (MPeM)
Authorization of 12 months may be granted for treatment of MPeM.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

V. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

VI. REFERENCES

1. Alimta [package insert]. Indianapolis, IN: Eli Lilly and Company USA, LLC; June 2018.
2. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 23, 2018.
3. CVS Caremark Clinical Programs Review: State of CT review; March 2018.