This Coverage Policy applies to Individual Health Insurance Marketplace benefit plans only.

ALIMTA® (*pemetrexed disodium*)

**COVERAGE POLICY**

Alimta is covered for members who meet the following criteria:

A. Non-small-cell lung cancer (NSCLC) **OR**
B. As a second-line agent for thymic carcinoma and malignant thymoma **OR**
C. As a second-line agent for cervical cancer **OR**
D. As a second-line agent for metastatic bladder, urethral and upper genitourinary tract cancers **OR**
E. As a second-line agent for vaginal cancer **OR**
F. Malignant mesothelioma **OR**
G. Persistent or recurrent epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer **OR**
H. As a second-line agent for metastatic urothelial carcinoma of the prostate **OR**
I. Progressive or recurrent primary CNS lymphoma

Note: Physician administration of vitamin B-12 injections is considered medically necessary for individuals receiving pemetrexed

**AUTHORIZATION PERIOD**

*Initial Approval:* 6 months

**NON-COVERAGE**

Alimta is **NOT** covered for members with the following criteria:

A. Use not approved by the FDA; and
B. The use is unapproved and not supported by the literature or evidence as an accepted off-label use. (see Off-Label Use Policy for determining ‘accepted use’)

**REFERENCES**

Pemetrexed for Non-Small-Cell Lung Cancer and Thymic Malignancies:

14. Eli Lilly and Co. FDA grants Lilly's Alimta (pemetrexed for injection) third U.S. approval. First-line chemotherapy regimen showed clinically relevant survival differences in specific histology types of advanced...

Pemetrexed for Other Types of Cancer:
32. Worden FP, Bradford CR, Eisbruch A. Treatment of locoregionally advanced (stage III and IV) head and neck cancer: The oropharynx. UpToDate [online serial]. Waltham, MA: UpToDate; reviewed June 2015c.

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