Prior Authorization DRUG Guidelines

Alimta (pemetrexed)
Effective Date: 10/22/13
Date Developed: 9/3/13 by Albert Reeves MD
Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/29/18, 1/22/19

Pharmaceutical Category: Antineoplastic Agent, Antimetabolite; Antineoplastic Agent, Antimetabolite (Antifolate)

Authorization Criteria: Treatment of unresectable malignant pleural mesothelioma (in combination with cisplatin); treatment of locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC; as initial treatment in combination with cisplatin, as single-agent maintenance treatment after 4 cycles of initial platinum-based double therapy, and single-agent treatment after prior chemotherapy)

Dosing: Details concerning dosing in combination regimens should also be obtained.

Note: Start vitamin supplements 1 week before initial dose: Folic acid 400-1000 mcg daily orally (begin 7 days prior to treatment initiation; continue daily during treatment and for 21 days after last pemetrexed dose) and vitamin B12 1000 mcg I.M. 7 days prior to treatment initiation and then every 3 cycles. Give dexamethasone 4 mg orally twice daily for 3 days, beginning the day before treatment to minimize cutaneous reactions.

New treatment cycles should not begin unless ANC ≥1500/mm³, platelets ≥100,000/mm³, and Cl ≥45 mL/minute. Adjust dose with hepatic or renal failure or with toxicity (see product literature)

Malignant pleural mesothelioma: I.V.: 500 mg/m² on day 1 of each 21-day cycle (in
combination with cisplatin)

**Non-small cell lung cancer:** I.V:

**Initial treatment:** 500 mg/m$^2$ on day 1 of each 21-day cycle (in combination with cisplatin)

**Maintenance or second-line treatment:** 500 mg/m$^2$ on day 1 of each 21-day cycle (as a single-agent)

**Precautions:** marrow suppression, renal toxicity, hepatic toxicity, interstitial pneumonitis, anaphylaxis, vomiting,

**Note:** Hazardous agent; use appropriate precautions for handling and disposal ([NIOSH, 2012](#)).

**Drug Interactions:** NSAID (decreased clearance); others involve potentiation of immunosuppressive effects when combined with other immunosuppressants.
References


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