

# Pemetrexed (Alimta + generics) — HCPCS J9305

CARECOST ESTIMATE · BILLING CHEAT SHEET

Multiple generic mfrs (Eli Lilly originator) 100 mg / 500 mg lyophilized SDV IV infusion ~10 min, q3wk **Reviewed:** May 2, 2026 **ASP:** Q2 2026

<b>HCPCS</b> <b>J9305</b> 1 unit = 10 mg (NOS generic)	<b>STD DOSE</b> <b>85 units</b> 500 mg/m <sup>2</sup> @ 1.7 m <sup>2</sup> = 850 mg	<b>MODIFIER</b> <b>JZ / JW</b> JW common (BSA + fixed vials)	<b>ADMIN CPT</b> <b>96413</b> Chemo IV (~10 min)	<b>MEDICARE ASP+6%</b> <b>\$4.038</b> /10 mg · ~\$343/850 mg
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**UNIT BASIS TRAP:** 1 unit J9305 = **10 mg** (NOT 1 mg). For 850 mg dose bill **85 units**, not 850. 10× overbill = audit recoupment.

## CODES & DISAMBIGUATION

HCPCS	PRODUCT	USE
J9305	Pemetrexed NOS (generic)	Default today
J9304	Alimta originator (Lilly)	Declining post-LOE 2022
J9322	Pemfexy (Eagle, premixed RTU)	Brand-specific only

**NDC must match J-code.** Generic NDC + J9304 = mismatch denial.

## DOSING — SAME ACROSS ALL INDICATIONS

- **500 mg/m<sup>2</sup> IV over ~10 min, Day 1 of each 21-day cycle**
- Monotherapy, maintenance, or combo with platinum ± pembrolizumab
- Bill: (mg administered) ÷ 10 = units
- 1.7 m<sup>2</sup> BSA: 850 mg = **85 units**
- 2.0 m<sup>2</sup> BSA: 1,000 mg = **100 units**

## VITAMIN SUPPLEMENTATION CHECKLIST

- Folic acid** 350–1,000 mcg PO daily — start **≥7 days BEFORE** first dose; continue throughout + 21 days after last dose
- Vitamin B12** 1,000 mcg IM — **within 1 wk before** first dose; then **q9wk**
- Dexamethasone** 4 mg PO BID — Days -1, 0, +1 of each cycle (mitigate skin rash)
- Document folic acid + B12 dates in chart before **EVERY** infusion
- B12 injection: bill J3420 + admin 96372

**NOT optional.** Skipping causes severe myelosuppression + GI toxicity. Most common pemetrexed sentinel event.

**RENAL CONTRAINDICATION:** CrCl <45 mL/min (Cockcroft-Gault) is a **contraindication**. Document baseline + pre-cycle CrCl **before EVERY cycle**. CrCl 45–79: dose review + tox monitoring. Acute renal failure reported.

**NSAID RESTRICTION:** Short-acting NSAIDs (ibuprofen, ketorolac) — avoid **2 days before, day of, 2 days after**. Long-acting (piroxicam, meloxicam, naproxen) — avoid **5 days before through 2 days after**. Acetaminophen OK. Counsel about OTC Advil/Aleve at every cycle.

## ICD-10

CODE	FOR
C34.x	NSCLC by lobe — <b>non-squamous histology required</b>
C45.0	Mesothelioma of pleura (1L w/ cisplatin)
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma unspecified

**Squamous NSCLC excluded.** Path report **MUST** be in chart at PA submission. UHC + Aetna check histology.

## PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	REQUIRED DOCS
UHC	Yes	Histology + CrCl + platinum partner (1L) + vitamin docs
Aetna	Yes	Histology + CrCl ≥45 + vitamin docs + line of therapy
BCBS	Yes	NCCN-aligned; histology + CrCl
Medicare FFS	No	On-label use; MAC LCDs apply

**J9305 generic preferred** across all major payers; J9304 / J9322 require step-through formulary exception.

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Chemo IV initial substance, ≤1 hr (primary)
96417	Each additional sequential substance (platinum, pembro)
96365	<b>NOT appropriate</b> — pemetrexed is true chemo

**JW math:** 1.7 m<sup>2</sup> BSA → 850 mg dose; vials drawn 1×500 + 4×100 = 900 mg. Line 1: 85 units administered. Line 2: **5 units waste + JW**. One of JZ/JW required since 7/1/23.

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	<b>\$4.038 / 10 mg unit</b> (effective 4/1 – 6/30/2026)
850 mg dose (1.7 m <sup>2</sup> BSA, 85 units)	<b>\$343.23</b>
1,000 mg dose (2.0 m <sup>2</sup> BSA, 100 units)	<b>\$403.80</b>
Annualized (~17 cycles q3w)	~\$5,835/yr (1.7 m <sup>2</sup> )

Generic ASP dropped >98% from pre-LOE Alimta. Check ASP each quarter.

## SITE OF CARE

SETTING	POS	NOTES
Physician oncology office	11	Preferred (mono / maintenance)
Ambulatory infusion center	49	Preferred (combo w/ cisplatin hydration)
Oncology ASC	24	Acceptable
Hospital outpatient	22 / 19	Disfavored for monotherapy

## PATIENT ASSISTANCE

- **Lilly Cares Foundation** (Alimta legacy): 1-800-545-6962 / [lillycares.com](http://lillycares.com)
- **Generic mfrs** (Hospira, Apotex, Fresenius Kabi, Sandoz): verify per dispensed label
- **Eagle Pharmaceuticals** (Pemfexy J9322): per product website
- **Foundations:** PAN, HealthWell, CancerCare — verify open NSCLC + meso funds quarterly
- **340B:** generic pemetrexed commonly 340B-eligible