Iressa (gefitinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Iressa (gefitinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Iressa (gefitinib) may be approved if the following criteria are met:

I. Individual has a diagnosis of recurrent, advanced, or metastatic Non-Small Cell Lung Cancer (NSCLC); **AND**
II. Individual has either epidermal growth factor receptor (EGFR) exon 19 deletions OR exon 21 (L858R) OR EGFR G719X OR EGRF S768I OR EGFR L861Q mutations, with test results confirmed (NCCN 2A).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: March 28, 2023.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on March 28, 2022.
6. Central Nervous System Cancers. V2.2022. Revised September 29, 2022.
7. Non-Small Cell Lung Cancer. V2.2023. Revised February 17, 2023.