

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

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 Non-Small Cell Lung Cancer (NSCLC) with EGFR exon 19 deletions or exon 21 (L858R) substitution mutations, with test results confirmed.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. 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 26, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 26, 2020.
 - a. Non-Small Cell Lung Cancer. V3.2020. Revised February 11, 2020.
 - b. Central Nervous System Cancers. V1.2020. Revised March 10, 2020.