Medimpact

STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

GEFITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
GEFITINIB	IRESSA, GEFITINIB	25178		GPI-10 (2136003000)	

GUIDELINES FOR USE

- 1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
 - The patient has tumors with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test
 - Iressa (gefitinib) will NOT be used concurrently with an epidermal growth factor receptor (EGFR) tyrosine kinase-inhibitor (e.g., Tarceva [erlotinib], Tagrisso [osimertinib], Gilotrif [afatinib], Vizimpro [dacomitinib])

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.** If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **GEFITINIB** (Iressa) requires the following rule(s) be met for approval:

- A. You have metastatic non-small cell lung cancer (NSCLC: type of lung cancer that has spread to other parts of the body)
- B. Your tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations (abnormal changes in a gene) as detected by an FDA (Food and Drug Administration)-approved test
- C. You will NOT be using Iressa (gefitinib) concurrently (at the same time) with an epidermal growth factor receptor (EGFR) tyrosine kinase-inhibitor (such as Tarceva [erlotinib], Tagrisso [osimertinib], Gilotrif [afatinib], Vizimpro [dacomitinib])

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Iressa.

REFERENCES

• Iressa [Prescribing Information]. Wilmington, DE: AstraZeneca Pharmaceuticals; February 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Commercial Effective: 05/22/23 Created: 07/15 Client Approval: 05/23

P&T Approval: 04/22

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