BlueCross BlueShield Federal Employee Program

IRESSA
(gefitinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Metastatic non-small cell lung cancer
    a. Tumors must have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations detected by an FDA-approved test

AND NONE of the following:

1. Confirmed interstitial lung disease (ILD)
2. Severe hepatic impairment (Child-Pugh Class C)

AND the following:

1. Physician agrees to withhold or discontinue the therapy if patient develops the following:
    a. Grade 2 or higher for ALT and/or AST elevations
    b. Worsening signs of respiratory symptoms
    c. Persistent ulcerative keratitis of eye
    d. Gastrointestinal perforation

Prior - Approval Limits

Quantity 90 tablets per 90 days
Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Metastatic non-small cell lung cancer
    a. **NO** disease progression or unacceptable toxicity

AND NONE of the following has developed:

1. Confirmed interstitial lung disease (ILD)
2. Severe hepatic impairment (Child-Pugh Class C)
3. Gastrointestinal perforation
4. Persistent ulcerative keratitis of eye

AND the following:

1. Physician agrees to withhold or discontinue the therapy if patient develops the following:
    a. Grade 2 or higher for ALT and/or AST elevations
    b. Worsening signs of respiratory symptoms

Prior – Approval *Renewal* Limits

Same as above