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5.21.059

Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	August 7, 2015
Subject:	Iressa	**Page:**	1 of 5

Last Review Date: December 13, 2024

Iressa

Description

Iressa (gefitinib)

Background
Iressa (gefitinib) is a tyrosine kinase inhibitor indicated for metastatic non-small cell lung cancer (NSCLC) that has certain epidermal growth factor receptor (EGFR) mutations. EGFR is expressed on the cell surface of both normal and cancer cells and plays a role in the processes of cell growth and proliferation. Some EGFR activating mutations (exon 19 deletion or exon 21 point mutation L858R) within NSCLC cells have been identified as contributing to the promotion of tumor cell growth, blocking of apoptosis, increasing the production of angiogenic factors and facilitating the processes of metastasis. Iressa as a higher binding affinity for EGFR exon 19 deletion and exon 21 (L858R) substitution mutation than for wild-type EGFR (1).

Regulatory Status
FDA-approved indication: Iressa is a tyrosine kinase inhibitor indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21(L858R) substitution mutations as detected by an FDA-approved test (1).

Limitations of Use:
Safety and efficacy of Iressa have not been established in patients whose tumors have EGFR mutations other than exon 19 deletions or exon 21 (L858R) substitution mutations (1).

Iressa label contains warnings for interstitial lung disease (ILD), hepatotoxicity, gastrointestinal perforation, diarrhea, ocular disorders including keratitis, bullous and exfoliative skin disorders, and embryo-fetal toxicity (1).

Withhold Iressa during evaluation of patients with suspected ILD and patients who present with worsening of respiratory symptoms. Discontinue Iressa in patients with confirmed ILD. Obtain periodic liver function testing. Withhold Iressa for Grade 2 or higher for ALT and/or AST elevations. Discontinue for severe hepatic impairment. Permanently discontinue Iressa in patients who develop gastrointestinal perforation. Withhold Iressa for higher than Grade 3 or severe/persistent (up to 14 days) diarrhea. Discontinue Iressa in patients who develop life-threatening bullous, blistering, or exfoliating lesions. Withhold Iressa for signs and symptoms of severe or worsening ocular disorders including keratitis, characterized as acute or worsening eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain, and/or red eye. Discontinue if patient develops persistent ulcerative keratitis. Iressa can cause harm to fetus. Advise of potential risk to a fetus and use of effective contraception (1).

Safety and effectiveness of Iressa in pediatric patients have not been established (1).

Related policies
Erlotinib, Exkivity, Gilotrif, Tagrisso, Vizimpro

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Iressa may be considered **medically necessary** if the conditions indicated below are met.

Iressa may be considered **investigational** for all other indications.

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 *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

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 90 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Iressa (gefitinib) is a tyrosine kinase inhibitor indicated for metastatic non-small cell lung cancer (NSCLC) that has certain epidermal growth factor receptor (EGFR) mutations. Iressa label contains warnings for interstitial lung disease (ILD), hepatotoxicity, gastrointestinal perforation, diarrhea, ocular disorders including keratitis, bullous and exfoliative skin disorders, and embryo-fetal toxicity. Safety and effectiveness of Iressa in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Iressa while maintaining optimal therapeutic outcomes.

References

1. Iressa [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2023.
2. NCCN Drugs & Biologics Compendium® Gefitinib 2024. National Comprehensive Cancer Network, Inc. Accessed on October 28, 2024.

Policy History

Date	Action
August 2015	Addition to PA
September 2015	Annual review

December 2015	Annual review
June 2016	Annual editorial review and reference update Policy code changed from 5.04.59 to 5.21.59
June 2017	Annual editorial review
September 2017	Annual review Added quantity limits
June 2018	Annual editorial review and reference update
March 2019	Annual review and reference update
June 2020	Annual review and reference update
June 2021	Annual editorial review and reference update
March 2022	Annual review and reference update
June 2023	Annual review and reference update. Changed policy number to 5.21.059
March 2024	Annual review and reference update
December 2024	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.