

Iressa[®] (gefitinib) (Oral)

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC unit]:

- 250 mg tablets: 1 tablet per day

B. Max Units (per dose and over time) [HCPCS Unit]:

- 1 billable unit daily

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

- Patient is at least 18 years old; **AND**

Universal Criteria

- Used as a single agent therapy: **AND**
- Patient will avoid concomitant therapy with all of the following:
 - Coadministration with acid-reducing agents (i.e. proton pump inhibitors), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
 - Coadministration with CYP3A4 inhibitors (e.g., fluconazole, itraconazole, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
 - Coadministration with strong CYP3A4 inducers (e.g., rifampin, carbamazepine, phenytoin, St. John's Wort, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**

Non-small cell lung cancer † Φ ¹⁻³

- Patient’s tumor has EGFR exon 19 deletions or exon 21 (L858R) substitution mutations as confirmed by a FDA-approved or CLIA-compliant test❖; **AND**
- Patient has advanced, metastatic, or recurrent disease (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
 - Used as first-line therapy; **OR**
 - Used as continuation of therapy in patients with disease progression while on gefitinib for asymptomatic disease, symptomatic brain lesions, or isolated symptomatic systemic lesions ‡

❖ *If confirmed using an immunotherapy assay* <http://www.fda.gov/CompanionDiagnostics>

† FDA Approved Indication(s); ‡ Compendia recommended indication(s) ; Ⓢ Orphan Drug

IV. Renewal Criteria ¹

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the universal and indication specific criteria as identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: interstitial lung disease, hepatotoxicity, gastrointestinal perforation, severe/persistent diarrhea, ocular disorders including keratitis, and bullous and exfoliative skin disorders, etc.

V. Dosage/Administration ¹

Indication	Dose
Non-small cell lung cancer	Recommended dose is 250 mg orally once daily, without regard to food until disease progression or unacceptable toxicity.* *Refer to the package insert for dose modifications when dosed with drugs known to have drug-drug interactions.

VI. Billing Code/Availability Information

HCPCS code:

- J8565 - Gefitinib, oral, 250 mg: 1 billable unit = 250 mg

NDC:

- 250 mg tablet: 00310-0482-xx

VII. References

1. Iressa [package insert]. Wilmington, DE; AstraZeneca Pharmaceuticals LP; May 2019. Accessed June 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for gefitinib. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2020.
3. Fukuoka M, Wu Y, Thongprasert S, et al. Biomarker Analyses and Final Overall Survival Results From a Phase III, Randomized, Open-Label, First-Line Study of Gefitinib Versus Carboplatin/Paclitaxel in Clinically Selected Patients With Advanced Non–Small-Cell Lung Cancer in Asia (IPASS). *J Clin Oncol* 29:2866-2874.

Appendix 1 – Covered Diagnosis Codes

ICD-10 Codes	Diagnosis
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
Z85.118	Personal history of other malignant neoplasm of bronchus and lung

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Article (LCA) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC