

Cigna National Preferred Formulary Coverage Policy



Effective Date 1/1/2021
Next Review Date... 1/1/2022
Coverage Policy Number NPF171

Drug Quantity Management – Per Rx Oncology - Iressa® (gefitinib tablets)

Table of Contents

NPF Coverage Policy	1
References	2
Last Revision Details	2

Related Coverage Resources

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

NPF Coverage Policy

Iressa 250 mg tablets

Maximum quantity per RX = 30 tablets

Iressa is available in 250 mg tablets. The recommended dose for treatment of non-small cell lung cancer (NSCLC) is 250 mg once daily.¹

The dose may need to be withheld due to adverse events, hepatic enzyme elevations or drug interactions with CYP3A4 inhibitors. CYP3A4 inducers may decrease gefitinib plasma concentrations so a dose of 500 mg daily is recommended, as tolerated, in individuals taking strong CYP3A4 inducers (for example rifampicin, phenytoin, or tricyclic antidepressant). The dose should be decreased to 250 mg once daily seven days after discontinuation of the CYP3A4 inducer.

Criteria

Cigna covers quantities as medically necessary when the following criteria are met:

All approvals are provided for 3 years in duration unless otherwise noted below.

1. Approve 60 tablets per dispensing if the individual is taking a strong CYP3A4 inducer. CYP3A4 inducers include, but are not limited to, rifampicin, carbamazepine, phenobarbital, phenytoin, rifabutin, rifapentine, and St. John's Wort.

Conditions Not Covered

Any other exception is considered not medically necessary.

References

1. Iressa [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2019

Last Revision Details

Annual Revision	Reviewed by Clinical Specialists	10/08/2019
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