

IRESSA (gefitinib)

Diagnosis Considered for Coverage:

- Non-small cell lung cancer (NSCLC) – recurrent, advanced or metastatic

Coverage Criteria:

For diagnosis listed above:

- Presence of EGFR gene mutation, **and**
- Being used as a single agent, **and**
- Dose does not exceed FDA approved dosing.

Coverage Duration: one year

Effective Date: 11/29/2023GF