Medical Drug Clinical Criteria

Subject:	Imfinzi (durvalumab)		
Document #:	CC-0130	**Publish Date:**	04/01/2024
Status:	Revised	**Last Review Date:**	02/23/2024

Table of Contents

Overview | Coding | References

Clinical criteria | Document history

Overview

This document addresses the use of Imfinzi (durvalumab). Imfinzi is a programmed death-ligand 1 (PD-L1) blocking antibody.

The FDA approved indications for Imfinzi include:

- for the treatment of adult patients with unresectable, Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy
- in combination with etoposide and either carboplatin or cisplatin, as first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC)
- in combination with gemcitabine and cisplatin, as treatment of adults with locally advanced or metastatic biliary tract cancer (BTC)
- in combination with tremelimumab-actl (Imjudo) for the treatment of adults with unresectable hepatocellular carcinoma
- in combination with tremelimumab-actl (Imjudo) and platinum-based chemotherapy, for the treatment of adults with metastatic NSCLC, with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.

The National Comprehensive Cancer Network (NCCN) provides category 1 and 2A recommendations for use in NSCLC, SCLC, and biliary tract cancer also.

NCCN also provides a 2A recommendation for use in persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix (NECC) in combination with etoposide and a platinum-based chemotherapy. This recommendation cites data which is extrapolated from the studies for the use in extensive stage small cell lung cancer (Horn L, et al 2018, Luis Paz-Ares, et.al. CASPIAN 2019). Though the recommendation provides use to second-line or subsequent therapy, these studies only discuss first-line therapy.

NCCN also provides 2A recommendation for use in pancreatobiliary and mixed type ampullary adenocarcinoma in those with an ECOG performance status of 0-1 and using in combination with gemcitabine and cisplatin as first-lien therapy.

Other Uses

NCCN provides category 2A and 2B recommendations for use of Imfinzi in several types of bladder cancer. However, their Bladder Cancer guidelines have not been updated since the manufacturer's decision in 2/2021 to withdraw this indication from the FDA label due to Imfinzi's inability to meet the overall survival primary outcome measures in the phase 3 DANUBE confirmatory trials (Powles 2020). The FDA had granted Imfinzi with its bladder cancer indication through the accelerated approval program in 2017, with continued approval contingent upon verification of clinical benefit in confirmatory trials. In the current NCCN compendia, NCCN no longer provides these bladder cancer recommendations.

Definitions and Measures

Consolidation therapy: Any drug or medical treatment that is used to kill remaining cancer cells. Also called intensification therapy or post-remission therapy.

ECOG or Eastern Cooperative Oncology Group Performance Status: A scale and criteria used by doctors and researchers to assess how an individual's disease is progressing, assess how the disease affects the daily living abilities of the individual, and determine appropriate treatment and prognosis. This scale may also be referred to as the WHO (World Health Organization) or Zubrod score which is based on the following scale:

- 0 = Fully active, able to carry on all pre-disease performance without restriction
- 1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, for example, light house work, office work
- 2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
- 3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
- 4 = Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
- 5 = Dead

Extensive-stage small cell lung cancer: Cancer has spread to other parts of the body, and could include the fluid around the lungs.

Immune checkpoint inhibitor: A type of drug that blocks certain proteins made by some types of immune system cells, such as T cells, and some cancer cells. When these proteins are blocked, the "brakes" on the immune system are released and T cells are able to kill cancer cells better. Examples of checkpoint proteins found on T cells or cancer cells include programmed death (PD)-1, PD-ligand 1 (PD-L1), and cytotoxic T-lymphocyte–associated antigen (CTLA)-4/B7-1/B7-2.

Limited-stage small cell lung cancer: Cancer is confined to 1 part of the chest, and radiation therapy could be an option.

Locally advanced cancer: Cancer that has spread only to nearby tissues or lymph nodes.

Metastasis: The spread of cancer from one part of the body to another; a metastatic tumor contains cells that are like those in the original (primary) tumor and have spread.

Programmed death (PD)-1 proteins: PD-1 proteins are found on T-cells and attach to PD ligands (PD-L1) found on normal (and cancer) cells (see immune checkpoint inhibitor above). Normally, this process keeps T-cells from attacking other cells in the body. However, this can also prevent T-cells from attacking cancer cells in the body. Examples of FDA approved anti-PD-1 agents include Keytruda (pembrolizumab), Opdivo (nivolumab), and Libtayo (cemiplimab).

Programmed death ligand (PD-L)-1: The ligands found on normal (and cancer) cells to which the PD-1 proteins attach (see immune checkpoint inhibitor above). Cancer cells can have large amounts of PD-L1 on their surface, which helps them to avoid immune attacks. Examples of FDA approved anti-PD-L1 agents include Bavencio (avelumab), Tecentriq (atezolizumab), and Imfinzi (durvalumab).

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Imfinzi (durvalumab)

Requests for Imfinzi (durvalumab) may be approved if the following criteria are met:

I. Individual has a diagnosis of Non-Small Cell Lung Cancer (NSCLC) (Label, NCCN 1, 2A); **AND**
   A. Disease type is one of the following:
      1. Disease is confirmed (histologically or cytologically) stage III locally advanced, unresectable NSCLC disease; **OR**
      2. Disease is confirmed (histologically or cytologically) stage II, unresectable NSCLC;

   AND
   B. Disease has not progressed after definitive chemoradiation; **AND**
   C. Individual is using as consolidation therapy; **AND**

D. Individual is using until disease progression or a maximum of 12 months of treatment (NCCN 2A); **AND**
E. Individual has not previously received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
F. Individual has a current ECOG performance status of 0-2; **AND**
G. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

II. Individual has a diagnosis of NSCLC (Label, NCCN 1, NCCN 2A); **AND**
A. Individual has recurrent, advanced or metastatic NSCLC disease with no prior chemotherapy or any other systemic therapy; **AND**
B. Individual is using in combination with Imjudo (tremelimumab-actl) and platinum-based chemotherapy; **AND**
C. Negative for actionable molecular biomarkers (including but not limited to EGFR, KRAS, ALK, ROS1, BRAF, NTRK 1/23, MET, RET, and ERBB2 (HER2); **AND**
D. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
E. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

III. Individual has a diagnosis of NSCLC (NCCN 2A); **AND**
A. Individual is using as continuation maintenance therapy in one of the following ways:
1. As a single agent for recurrent, advanced, or metastatic disease after initial systemic therapy with durvalumab/tremelimumab-actl plus chemotherapy; **OR**
2. In combination with pemetrexed for recurrent, advanced, or metastatic disease after initial systemic therapy with durvalumab/tremelimumab-actl and platinum-based chemotherapy; **AND**
B. Individual is using until disease progression or unacceptable toxicity following positive tumor response or stable disease following initial systemic therapy; **AND**
C. Individual has a ECOG performance status of 0-2;

OR

IV. Individual has a diagnosis of extensive stage Small Cell Lung Cancer (Label, NCCN 1); **AND**
A. Individual is using as first line therapy in combination with etoposide and either cisplatin or carboplatin for four (4) cycles (followed by maintenance Imfinzi monotherapy); **AND**
B. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
C. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

V. Individual has a diagnosis of locally advanced or metastatic biliary tract cancer (Label, NCCN 1); **AND**
A. Individual is using in combination with gemcitabine and cisplatin; **AND**
B. Individual has a current ECOG performance status of 0-2; **AND**
C. Individual has not previously received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
D. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

VI. Individual has a diagnosis of pancreatobiliary and mixed type ampullary adenocarcinoma (NCCN 2A); **AND**
A. Individual is using in combination with gemcitabine and cisplatin; **AND**
B. Individual has an ECOG performance status of 0-1; **AND**
C. Individual is using in first-line therapy; **AND**
D. Individual has not previously received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
E. Individual is not receiving treatment therapy for an autoimmune disease or chronic condition requiring treatment with a systematic immunosuppressant;

OR

VII. Individual has a diagnosis of unresectable hepatocellular carcinoma (uHCC) (Label, NCCN 1); **AND**
A. Individual is using in one of the following ways:
1. Individual is using in combination with Imjudo (tremelimumab-actl) for initial therapy; **OR**
2. Individual is using as a single agent after initial therapy with tremelimumab-actl (Imjudo) until disease progression or unacceptable toxicity; **AND**
B. Individual has Child-Pugh Class A; **AND**
C. Individual has a current ECOG performance status of 0-1; **AND**

D. Individual has not received treatment with another anti-PD-1 or anti-PDL1 agent; **AND**
E. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

VIII. Individual has a diagnosis of persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix (NECC) (NCCN 2A); **AND**
A. Individual is using as first-line therapy; **AND**
B. Individual is using in combination with etoposide and either cisplatin or carboplatin for four (4) cycles (followed by maintenance Imfinzi monotherapy); **AND**
C. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
D. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

IX. Individual has a diagnosis of Esophageal and esophagogastric junction cancers or Gastric cancer (NCCN 2A); **AND**
A. Individual is using as neoadjuvant therapy; **AND**
B. Individual is using in combination with Imjudo (tremelimumab-actl); **AND**
C. Individual has microsatellite instability-high/deficient mismatch repair (MSI-H/dMMR) tumors.

Requests for Imfinzi (durvalumab) may not be approved when the above criteria are not met and for all other indications.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J9173	Injection, durvalumab, 10 mg [Imfinzi]

ICD-10 Diagnosis

C22.0	Liver cell carcinoma
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C34.00-C34.92	Malignant neoplasm of bronchus and lung
Z85.110-Z85.118	Personal history of malignant neoplasm of bronchus and lung
Z92.21	Personal history of antineoplastic chemotherapy
Z92.3	Personal history of irradiation

Document History

Revised: 02/23/2024
Document History:

- 02/23/2024 – Annual Review: Add NCCN 2A recommendation for use in pancreatobiliary and mixed type ampullary adenocarcinoma. Update references. Coding Reviewed: No changes.
- 11/19/2023 – Select Review: Add NCCN 2A criteria for use in recurrent NSCLC in combination with Imjudo and clarify molecular biomarkers. Add NCCN 2A criteria for combination use with Imjudo in esophageal and esophagogastric junction cancers or Gastric cancer. Coding Reviewed: No changes.
- 02/24/2023 – Annual Review: Add criteria for use in Stage II unresectable NSCLC. Add use in advanced or metastatic NSCLC when used in combination with Imjudo. Add 1, 2A recommendations from NCCN for use as continuation maintenance therapy in NSCLC after Imjudo combination therapy

with platinum-based chemotherapy. Add 2A recommendation for use in first-line small cell neuroendocrine carcinoma of the cervix (NECC). Coding Reviewed: No changes.
- 12/12/2022 – Select Review: Add criteria for use in metastatic NSCLC in combination with tremelimumab-actl (Imjudo) and platinum based chemotherapy. Coding Reviewed: No changes.
- 11/18/2022 – Select Review: Add criteria for use in unresectable hepatocellular cancer in combination with tremelimumab (Imjudo) as initial therapy and monotherapy thereafter until disease progression or unacceptable toxicity. Coding Reviewed: Added ICD-10-CM C22.0.
- 09/12/2022 – Select Review: Add criteria for use in FDA approval for use in Locally advanced or metastatic biliary tract cancer. Coding Reviewed: Added ICD-10-CM C24.0, C24.1, C24.8, C24.9.
- 02/25/2022 – Annual Review: No changes. Coding Reviewed: No changes.
- 03/15/2021 – Select Review: Update criteria to remove indication for urothelial cancer per FDA label. Coding Reviewed: Removed ICD-10-CM C68.0, C61, C65.1-C65.9, C66.1-C66.9, C67.0-C67.9, Z85.51, Z85.53-Z85.54.
- 02/19/2021 – Annual Review: Updated references. Coding Reviewed: No changes.
- 02/21/2020 – Annual Review: Update criteria to add indication for SCLC per NCCN recommendations. Update criteria regarding conditions that are excluded for consistency. Coding Reviewed: No changes.
- 08/16/2019 – Select Review: Minor wording and formatting changes. Coding Reviewed: No changes.
- 05/17/2019 – Annual Review: Initial review of Imfinzi (durvalumab). Wording and formatting changes. Coding reviewed: Added Z92.21, Z92.3.

References

1. Antonia SJ, Villegas A, Daniel D, et al. Overall survival with Durvalumab after Chemoradiotherapy in Stage III NSCLC. N Engl J Med 2018; 379: 2342-2350.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2024. URL: http://www.clinicalpharmacology.com. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Updated periodically.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Gray JE, Villegas A, Daniel D, et.al. Three-Year Overall Survival with Durvalumab after Chemoradiotherapy in Stage III NSCLC-Update from PACIFIC. J Thorac Oncol 2020; 15: 288-293.
6. Hui R, Ozguroglu M, Villegas A., et al. Patient-reported outcomes with durvalumab after chemoradiotherapy in stage III, unresectable non-small cell lung cancer (PACIFIC): a randomized, controlled, phase 3 study. Lancet Oncol 2019:20:1670-1680.
7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
8. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on January 16, 2024.
    a. Ampullary adenocarcinoma. V1.2024. Revised December 13, 2023.
    b. Biliary Tract Cancers. V3.2023. Revised November 8, 2023.
    c. Cervical Cancer. V1.2024. Revised September 20, 2023.
    d. Esophageal and Esophagogastric Junction Cancer. V3.2023. Revised August 29, 2023.
    e. Gastric Cancer. V2.2023. Revised August 29, 2023.
    f. Hepatobiliary Cancers. V2.2023. Revised September 14, 2023.
    g. Non-Small Cell Lung Cancer. V1.2024. Revised December 21, 2023.
    h. Small Cell Lung Cancer. V2.2024. Revised November 21, 2023.
9. Oh D-Y, Ruth He A, Qin S, et al. Durvalumab plus gemcitabine and cisplatin in advanced biliary tract cancer. NEJM Evidence 2022;1:EVIDoa2200015. Available at: https://doi.org/10.1056/EVIDoa2200015.
10. Powles T, van der Heijden MS, Castellano D, et al; DANUBE study investigators. Durvalumab alone and durvalumab plus tremelimumab versus chemotherapy in previously untreated patients with unresectable, locally advanced or metastatic urothelial carcinoma (DANUBE): a randomised, open-label, multicentre, phase 3 trial. *Lancet Oncol*. 2020;21(12):1574-1588. doi:10.1016/S1470-2045(20)30541-6.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association