

Medical Policy:

Imfinzi™ (durvalumab) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.40	August 30, 2024	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Imfinzi™ is a programmed death ligand-1 (PD-L1) blocking antibody administered intravenously as immunotherapy.

Length of Authorization

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

Guideline

I. Initial

Imfinzi is considered medically necessary for members ≥ 18 years of age, when prescribed by an oncologist for the following indications:

1. **Non-Small Cell Lung Cancer (NSCLC)**

- A. Unresectable Stage III **non-small cell lung cancer (NSCLC)** whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy*

- B. In combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by IMFINZI continued as a single agent as adjuvant treatment after surgery, is indicated for the treatment of adult patients with resectable (tumors \geq 4 cm or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.
 - C. In combination with tremelimumab-actl and platinum-based chemotherapy, is indicated for the treatment of adult patients with metastatic NSCLC with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.
2. **Small Cell Lung Cancer (ES-SCLC)**
- A. First-line treatment, extensive-stage **small cell lung cancer (ES-SCLC)** when given along with chemo that includes etoposide and either carboplatin or cisplatin*
3. **Biliary Tract Cancers**
- A. In combination with gemcitabine and cisplatin, is indicated for the treatment of adult patients with locally advanced or metastatic biliary tract cancer (BTC).
4. **Hepatocellular Carcinoma**
- A. In combination with tremelimumab-actl is indicated for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC).
5. **Endometrial Cancer**
- A. In combination with carboplatin and paclitaxel followed by IMFINZI as a single agent is indicated for the treatment of adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR).

*= FDA-approved indication

++ = Compendia-recommended indication

II. Renewal Criteria

- 1. Renewal based upon all:
 - A. Member continues to meet criteria above; **AND**
 - B. Tumor response with stabilization of disease or decrease in tumor or tumor spread; **AND**
 - C. Absence of unacceptable toxicity (i.e., immune-mediated adverse reactions, severe infections, severe infusion-related reactions, hepatitis, etc.)

Dosing and Administration

Please see Package Insert

Limitations/Exclusions

Imfinzi is considered investigational when used for any indication not listed above; including but not limited to:

- 1. Adrenocortical cancer
- 2. Breast cancer

3. Chordoma
4. Gastro-intestinal cancers (e.g., colorectal, esophageal, and gastric cancers)
5. Mesothelioma
6. Neuroendocrine cancer
7. Ovarian cancer
8. Pancreatic cancer
9. Prostate cancer
10. Renal cell cancer
11. Spindle cell cancer

Applicable Procedure Codes

Code	Description
J9173	Injection, durvalumab, 10mg, 1 billable unit = 10mg

Applicable NDCs

Code	Description
0310-4611-50	Durvalumab 500mg/10ml vial, 50 units
0310-4500-12	Durvalumab 120mg/2.4ml vial, 12 units

ICD-10 Diagnoses

Code	Description
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of other and unspecified parts of biliary tract
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
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
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C79.31	Secondary malignant neoplasm of brain
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
Z85.118	Personal history of other malignant neoplasm of bronchus and lung

Revision History

Company(ies)	DATE	REVISION																														
EmblemHealth & ConnectiCare	8/30/2024	Revision: added: NSCLC: "In combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by IMFINZI continued as a single agent as adjuvant treatment after surgery, is indicated for the treatment of adult patients with resectable (tumors \geq 4 cm or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements." Added Endometrial Cancer indication and criteria																														
EmblemHealth & ConnectiCare	2/16/2024	Annual Review: No criteria changes																														
EmblemHealth & ConnectiCare	6/23/2023	Annual Review: Removed Criteria and codes for Urothelial Carcinoma and Bladder Cancer. Added Initial Criteria for <u>Biliary Tract Cancers</u> and <u>Hepatocellular Cancers</u> . <u>NSCLC</u> Initial Criteria: Added "b. In combination with tremelimumab-actl and platinum-based chemotherapy, is indicated for the treatment of adult patients with metastatic NSCLC with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations." Added ICD-10 Codes: <table border="1" data-bbox="604 1381 1529 1919"> <tr> <td>C22.0</td> <td>Liver cell carcinoma</td> </tr> <tr> <td>C22.1</td> <td>Intrahepatic bile duct carcinoma</td> </tr> <tr> <td>C22.8</td> <td>Malignant neoplasm of liver, primary, unspecified as to type</td> </tr> <tr> <td>C22.9</td> <td>Malignant neoplasm of liver, not specified as primary or secondary</td> </tr> <tr> <td>C23</td> <td>Malignant neoplasm of gallbladder</td> </tr> <tr> <td>C24.0</td> <td>Malignant neoplasm of other and unspecified parts of biliary tract</td> </tr> <tr> <td>C24.8</td> <td>Malignant neoplasm of overlapping sites of biliary tract</td> </tr> <tr> <td>C24.9</td> <td>Malignant neoplasm of biliary tract, unspecified</td> </tr> <tr> <td>C7A.1</td> <td>Malignant poorly differentiated neuroendocrine tumors</td> </tr> <tr> <td>C78.00</td> <td>Secondary malignant neoplasm of unspecified lung</td> </tr> <tr> <td>C78.01</td> <td>Secondary malignant neoplasm of right lung</td> </tr> <tr> <td>C78.02</td> <td>Secondary malignant neoplasm of left lung</td> </tr> <tr> <td>C79.31</td> <td>Secondary malignant neoplasm of brain</td> </tr> <tr> <td>C79.51</td> <td>Secondary malignant neoplasm of bone</td> </tr> <tr> <td>C79.52</td> <td>Secondary malignant neoplasm of bone marrow</td> </tr> </table>	C22.0	Liver cell carcinoma	C22.1	Intrahepatic bile duct carcinoma	C22.8	Malignant neoplasm of liver, primary, unspecified as to type	C22.9	Malignant neoplasm of liver, not specified as primary or secondary	C23	Malignant neoplasm of gallbladder	C24.0	Malignant neoplasm of other and unspecified parts of biliary tract	C24.8	Malignant neoplasm of overlapping sites of biliary tract	C24.9	Malignant neoplasm of biliary tract, unspecified	C7A.1	Malignant poorly differentiated neuroendocrine tumors	C78.00	Secondary malignant neoplasm of unspecified lung	C78.01	Secondary malignant neoplasm of right lung	C78.02	Secondary malignant neoplasm of left lung	C79.31	Secondary malignant neoplasm of brain	C79.51	Secondary malignant neoplasm of bone	C79.52	Secondary malignant neoplasm of bone marrow
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EmblemHealth & ConnectiCare	7/7/2022	Transferred policy to new template	
EmblemHealth & ConnectiCare	04/06/2020	Added under covered indications: as first-line treatment, along with chemo that includes etoposide and either carboplatin or cisplatin, for adults who have extensive-stage small cell lung cancer (ES-SCLC).	
EmblemHealth & ConnectiCare	01/01/2019	Added J9173 – effective January 1, 2019, Removed J3590, J9999, Added Applicable NDCs	

References

1. Imfinzi [package insert]. Wilmington, DE; AstraZeneca Pharmaceuticals LP; August 2019. Accessed December 2019.
2. Massard C, Gordon MS, Sharma S, et al. Safety and Efficacy of Durvalumab (MEDI4736), an Anti-Programmed Cell Death Ligand-1 Immune Checkpoint Inhibitor, in Patients With Advanced Urothelial Bladder Cancer. *J Clin Oncol.* 2016 Sep 10;34(26):3119-25.
3. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) durvalumab. National Comprehensive Cancer Network, 2017. 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 May 2017.
4. Specialty matched clinical peer review.