Reference number(s)
2131-A

STANDARD MEDICARE PART B MANAGEMENT

IMFINZI (durvalumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Imfinzi is indicated 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.
2. Imfinzi, in combination with etoposide and either carboplatin or cisplatin, is indicated as first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).
3. Imfinzi, in combination with gemcitabine and cisplatin, is indicated for the treatment of adult patients with locally advanced or metastatic biliary tract cancer (BTC).
4. Imfinzi, in combination with tremelimumab-actl, is indicated for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC).
5. Imfinzi, in combination with tremelimumab-actl and platinum-based chemotherapy, is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.

B. Compendial Uses
1. Cervical Cancer
2. Non-Small Cell Lung Cancer
3. Small Cell Lung Cancer
4. Ampullary Adenocarcinoma
5. Pleural Mesothelioma
6. Hepatocellular Carcinoma
7. Esophageal and Esophagogastric Junction Cancer
8. Gastric Cancer
9. Biliary Tract Cancer
    a. Intrahepatic Cholangiocarcinoma
    b. Extrahepatic Cholangiocarcinoma
    c. Gallbladder Cancer

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions where applicable:

A. Documentation of the absence of EGFR and ALK genomic aberration (unless testing is not feasible due to insufficient tissue).
B. Documentation of laboratory report confirming microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumor status, where applicable.

III. CRITERIA FOR INITIAL APPROVAL

A. Non-small cell lung cancer (NSCLC)
Authorization of 12 months may be granted for treatment of NSCLC when either of the following criteria are met:
1. The member has unresectable stage II or III NSCLC that has not progressed following concurrent platinum-based chemotherapy and radiation therapy.
2. The member has recurrent, advanced or metastatic NSCLC and meets all of the following criteria:
   a. The requested medication will be used in combination with tremelimumab-actl (Imjudo) and platinum-based chemotherapy
   b. The tumor is negative for EGFR exon 19 deletion and L858R mutations and ALK rearrangements.

B. Extensive-stage small cell lung cancer (ES-SCLC)
Authorization of 12 months may be granted for first-line treatment of extensive-stage small cell lung cancer in combination with etoposide and either carboplatin or cisplatin followed by single agent maintenance.

C. Cervical Cancer
Authorization of 12 months may be granted for treatment of persistent, recurrent or metastatic small cell neuroendocrine carcinoma of the cervix (NECC) when used in combination with etoposide and either cisplatin or carboplatin.

D. Ampullary Adenocarcinoma
Authorization of 12 months may be granted for first-line treatment of unresectable or metastatic ampullary adenocarcinoma when both of the following criteria are met:
1. The disease is pancreatobiliary or mixed type
2. The requested medication will be used in combination with cisplatin and gemcitabine

E. Pleural Mesothelioma
Authorization of 12 months may be granted for first-line treatment of unresectable pleural mesothelioma when used in combination with pemetrexed and either cisplatin or carboplatin.

F. Hepatocellular Carcinoma
Authorization of 12 months may be granted for treatment of hepatocellular carcinoma when either of the following criteria are met:
1. The requested medication will be used for first-line single agent treatment of unresectable/inoperable, metastatic, or extensive liver tumor burden hepatocellular carcinoma.
2. The requested medication will be used in combination with tremelimumab-actl (Imjudo) for first-line treatment of unresectable/inoperable, metastatic, or extensive liver tumor burden hepatocellular carcinoma.

G. Esophageal, Esophagogastric Junction and Gastric Cancer
Authorization of 3 months for a total of 3 doses may be granted for treatment of esophageal, esophagogastric junction or gastric cancer when all of the following criteria are met:
1. The requested medication will be used in combination with tremelimumab (Imjudo) for neoadjuvant treatment
2. The tumor is microsatellite instability-high (MSI-H) or deficient mismatch repair (dMMR)

3. The member is medically fit for surgery

H. Biliary Tract Cancer
Authorization of 12 months may be granted for treatment of biliary tract cancer when the requested medication will be used in combination with cisplatin and gemcitabine to treat locally advanced, unresectable or resected gross residual (R2) disease, or metastatic biliary tract cancer (intrahepatic cholangiocarcinoma, extrahepatic cholangiocarcinoma, or gallbladder cancer) or for disease recurrence after surgery and adjuvant therapy.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

For NSCLC
Authorization for 12 months (or up to a total of 12 months for unresectable stage II or III non-small cell lung cancer) may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication
B. The requested medication is being used to treat an indication enumerated in Section III
C. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen and
   ii. No evidence of disease progression while on the current regimen

For Esophageal, Esophagogastric Junction and Gastric Cancer
Authorization for 3 months for a total of 3 doses may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication
B. The requested medication is being used to treat an indication enumerated in Section III
C. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen and
   ii. No evidence of disease progression while on the current regimen

For All Other Indications
Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication
B. The requested medication is being used to treat an indication enumerated in Section III
C. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen and
   ii. No evidence of disease progression while on the current regimen

V. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Imfinzi.
2. The available compendium
   a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
   b. Micromedex DrugDex
   c. American Hospital Formulary Service- Drug Information (AHFS-DI)
   d. Lexi-Drugs
3. NCCN Guideline: Ampullary adenocarcinoma
4. NCCN Guideline: Cervical cancer

5. NCCN Guideline: Gastric cancer
6. NCCN Guideline: Esophageal and esophagogastric junction cancers
7. NCCN Guideline: Small cell lung cancer
8. NCCN Guideline: Non-small cell lung cancer
9. NCCN Guideline: Hepatocellular carcinoma
10. NCCN Guideline: Biliary tract cancers

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Imfinzi are covered in addition to the following:

1. Cervical Cancer
2. Non-Small Cell Lung Cancer
3. Small Cell Lung Cancer
4. Ampullary Adenocarcinoma
5. Pleural Mesothelioma
6. Hepatocellular Carcinoma
7. Esophageal and Esophagogastric Junction Cancer
8. Gastric Cancer
9. Biliary Tract Cancer
    a. Intrahepatic Cholangiocarcinoma
    b. Extrahepatic Cholangiocarcinoma
    c. Gallbladder Cancer

VI. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Imfinzi to treat cervical cancer, ampullary adenocarcinoma, hepatocellular carcinoma, esophageal cancer, esophagogastric junction cancer, gastric cancer, and biliary tract cancer can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for using Imfinzi to treat pleural mesothelioma can be found in the Micromedex DrugDex database. Use of information in the DrugDex database for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

VII. REFERENCES

1. Imfinzi [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2023.
2. The NCCN Drugs & Biologics Compendium® © 2023 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed August 30, 2023.
3. IBM Micromedex® DRUGDEX® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at https://www.micromedexsolutions.com Accessed July 6, 2023.
4. Pietrantonio, Filippo, Raimondi Alessandra, Lonardi Sara, et al. Infinity: A multicenter, single-arm, multi-cohort, phase II trial of tremelimumab and durvalumab as neoadjuvant treatment of patients with microsatellite instability-high (MSI) resectable gastric or gastroesophageal junction adenocarcinoma (GAC/GEJAC). *Journal of Clinical Oncology*. 2023; 4: 358.