

Evolent Clinical Guideline 3105 for Imfinzi™ (durvalumab)

Guideline Number: Evolent_CG_3105	<u>Applicable Codes</u>	
<i>"Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc. © 2017 - 2025 Evolent. All rights Reserved.</i>		
Original Date: May 2017	Last Revised Date: May 2025	Implementation Date: May 2025

TABLE OF CONTENTS

STATEMENT	2
PURPOSE	2
INDICATIONS	2
BILIARY TRACT CANCER (BTC)	2
BLADDER CANCER	2
ENDOMETRIAL CANCER	2
HEPATOCELLULAR CARCINOMA	2
NON-SMALL CELL LUNG CANCER (NSCLC)	3
SMALL CELL LUNG CANCER (EXTENSIVE STAGE)	3
SMALL CELL LUNG CANCER (LIMITED STAGE)	4
CONTRAINDICATIONS/WARNINGS	4
EXCLUSION CRITERIA	4
CODING AND STANDARDS	5
CODES	5
APPLICABLE LINES OF BUSINESS	5
POLICY HISTORY	5
LEGAL AND COMPLIANCE	6
GUIDELINE APPROVAL	6
Committee	6
DISCLAIMER	6
REFERENCES	7

STATEMENT

Purpose

To define and describe the accepted indications for Imfinzi (durvalumab) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Biliary Tract Cancer (BTC)

- Imfinzi (durvalumab) may be used in combination with cisplatin/carboplatin and gemcitabine as first line therapy in members who have not received therapy for unresectable or metastatic biliary tract cancer (e.g., extrahepatic/intrahepatic cholangiocarcinoma, gallbladder carcinoma).

Bladder Cancer

- Imfinzi (durvalumab) may be used as neoadjuvant treatment in combination with gemcitabine and cisplatin for up to 4 cycles in adult members with muscle invasive bladder cancer (MIBC), followed by single agent Imfinzi (durvalumab) after radical cystectomy as adjuvant treatment for a maximum of 8 cycles.

Endometrial Cancer

- Imfinzi (durvalumab) may be used in combination with carboplatin and paclitaxel followed by single-agent durvalumab in adult members with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR).

Hepatocellular Carcinoma

- The member has unresectable hepatocellular carcinoma (Child-Pugh Class A score only and/or Barcelona Clinic Liver Cancer stage B or C) with no prior systemic treatment, including prior checkpoint inhibitor (e.g., dostarlimab-gxly, atezolizumab,

nivolumab, pembrolizumab, ipilimumab) AND

- Imfinzi (durvalumab) will be used as first line therapy in combination with Imjudo (tremelimumab). Imjudo (tremelimumab) is given for one cycle followed by single agent Imfinzi (durvalumab).

The Barcelona Clinic Liver Cancer (BCLC) Staging System ([60](#))

BCLC stage	ECOG PS	Liver function: Child-Pugh	Tumor stage
Very early stage (0)	0	A	Single ≤ 2 cm
Early stage (A)	0	A-B	Single ≤ 3 , nodules ≤ 3 cm
Intermediate stage (B)	0	A-B	Multinodular
Advanced stage (C)	1-2	A-B	Vascular invasion, extrahepatic spread
Terminal stage (D)	3-4	C	Any

CHILD-PUGH SCORE

Chemical and Biochemical Parameters	Scores (Points) for Increasing Abnormality		
	1	2	3
Encephalopathy (grade) ¹	None	1–2	3–4
Ascites	Absent	Slight	Moderate
Albumin (g/dL)	>3.5	2.8–3.5	<2.8
Prothrombin time ²			
Seconds over control	<4	4–6	>6
INR	<1.7	1.7–2.3	>2.3
Bilirubin (mg/dL)	<2	2–3	>3
• For primary biliary cirrhosis	<4	4–10	>10

Class A = 5–6 points; Class B = 7–9 points; Class C = 10–15 points.

Non-Small Cell Lung Cancer (NSCLC)

- Imfinzi (durvalumab) may be used as a single agent for consolidation therapy (for a total of 1 year), after completion of definitive chemoradiation, in members with unresectable (not amendable to surgical treatment) stage II or stage III disease provided that appropriate imaging studies (e.g., CT or PET/CT) performed after the completion of chemoradiation confirm the lack of disease progression and show one of the following: complete response/partial response/stable disease.
- Imfinzi (durvalumab) will be used in combination with Imjudo (tremelimumab) and platinum-based chemotherapy for members who have not received prior systemic therapy for metastatic or Stage IV NSCLC and the tumor is negative for EGFR and ALK, regardless of PD-L1 expression.
- Imfinzi (durvalumab) may be used with platinum-containing chemotherapy as neoadjuvant therapy, followed by single-agent Imfinzi (durvalumab) as adjuvant therapy after surgery, for adult members with resectable (tumors ≥ 4 cm and/or node positive) NSCLC and no known EGFR mutations or ALK rearrangements.

Small Cell Lung Cancer (Extensive Stage)

- Imfinzi (durvalumab) may be used in combination with [carboplatin/cisplatin + etoposide] followed by single agent maintenance Imfinzi (durvalumab), for adult members with extensive stage small cell lung cancer.

Small Cell Lung Cancer (Limited Stage)

- Imfinzi (durvalumab) may be used in adult members with limited stage small cell lung cancer (LS-SCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy.

CONTRAINDICATIONS/WARNINGS

- None

EXCLUSION CRITERIA

- Disease progression while receiving Imfinzi (durvalumab) or prior checkpoint inhibitor (PD-1 or PD-L1 inhibitor).
- There is no imaging study available, after the completion of chemoradiation for NSCLC, to confirm complete response/partial response/stable disease after chemoradiation.
- Members with locally advanced non-small cell lung cancer (NSCLC) with disease progression while receiving concurrent chemoradiotherapy or after chemoradiation.
- Dosing exceeds single dose limit of Imfinzi (durvalumab) 10 mg/kg (every 2 weeks as a single agent), 20 mg/kg (every 3 weeks when used in combination with chemotherapy), 20 mg/kg (every 4 weeks when used as a single agent), 1500 mg (every 3 weeks when used in combination with chemotherapy), or 1500 mg (every 4 weeks when used as a single agent), or maximum duration of 12 months for NSCLC consolidation therapy.
- For used in combination with Imjudo (tremelimumab): If weight is less than 30 kg, the maximum single dose limit is 20 mg/kg every 4 weeks; for weight 30 kg or more, the maximum single dose limit is 1500 mg every 4 weeks.
- Investigational use of Imfinzi (durvalumab) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 - Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use



randomization, double blind trials, placebos, or crossover).

- That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
- That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
- That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J9173 - Injection, durvalumab, 10 mg

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

POLICY HISTORY

Date	Summary
May 2025	<ul style="list-style-type: none"> ● Converted to new Evolent guideline template ● This guideline replaces UM ONC_1314 Imfinzi (durvalumab) ● Added new indication for bladder cancer ● Updated references
January 2025	<ul style="list-style-type: none"> ● Added Evolent disclaimer language ● Added Coding Information section with HCPCS code ● Added new indication for limited-stage small cell lung cancer ● Updated dosing limits in exclusion criteria

	<ul style="list-style-type: none"> • Updated references
September 2024	<ul style="list-style-type: none"> • Updated NSCLC indication • Updated SCLC indication • Updated references
August 2024	<ul style="list-style-type: none"> • Added endometrial cancer indication section • Added new reference • Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. Powles T, et al; NIAGARA Investigators. Perioperative Durvalumab with Neoadjuvant Chemotherapy in Operable Bladder Cancer. *N Engl J Med*. 2024 Nov 14;391(19):1773-1786. doi: 10.1056/NEJMoa2408154.
2. Johnson ML, et al; POSEIDON investigators. Durvalumab With or Without Tremelimumab in Combination With Chemotherapy as First-Line Therapy for Metastatic Non-Small-Cell Lung Cancer: The Phase III POSEIDON Study. *J Clin Oncol*. 2023 Feb 20;41(6):1213-1227. doi: 10.1200/JCO.22.00975.
3. Spigel D, et al. ADRIATIC: Durvalumab (D) as consolidation treatment (tx) for patients (pts) with limited-stage small cell lung cancer (LS-SCLC). *Journal of Clinical Oncology*. 2024 June 5; 42(17). https://doi.org/10.1200/JCO.2024.42.17_suppl.LBA5.
4. Heymach JV, et al; AEGEAN Investigators. Perioperative Durvalumab for Resectable Non-Small-Cell Lung Cancer. *N Engl J Med*. 2023 Nov 2;389(18):1672-1684. doi: 10.1056/NEJMoa2304875.
5. Westin SN, et al; DUO-E Investigators. Durvalumab Plus Carboplatin/Paclitaxel Followed by Maintenance Durvalumab With or Without Olaparib as First-Line Treatment for Advanced Endometrial Cancer: The Phase III DUO-E Trial. *J Clin Oncol*. 2024 Jan 20;42(3):283-299. doi: 10.1200/JCO.23.02132.
6. Abou-Alfa GK, et al. Tremelimumab plus Durvalumab in Unresectable Hepatocellular Carcinoma. *NEJM Evid*. 2022 Aug;1(8):EVIDoa2100070. doi: 10.1056/EVIDoa2100070.
7. Oh DY, et al. Durvalumab plus Gemcitabine and Cisplatin in Advanced Biliary Tract Cancer. *NEJM Evid*. 2022 Aug;1(8):EVIDoa2200015. doi: 10.1056/EVIDoa2200015.
8. Antonia SJ, et al; PACIFIC Investigators. Overall Survival with Durvalumab after Chemoradiotherapy in Stage III NSCLC. *N Engl J Med*. 2018 Dec 13;379(24):2342-2350. doi: 10.1056/NEJMoa1809697.
9. Antonia SJ, et al; PACIFIC Investigators. Durvalumab after Chemoradiotherapy in Stage III Non-Small-Cell Lung Cancer. *N Engl J Med*. 2017 Nov 16;377(20):1919-1929. doi: 10.1056/NEJMoa1709937.
10. Paz-Ares L, et al; CASPIAN investigators. Durvalumab plus platinum-etoposide versus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): a randomised, controlled, open-label, phase 3 trial. *Lancet*. 2019 Nov 23;394(10212):1929-1939. doi: 10.1016/S0140-6736(19)32222-6.
11. Imfinzi prescribing information. AstraZeneca Pharmaceuticals LP. Wilmington, DE 2025.
12. Clinical Pharmacology Elsevier Gold Standard 2025.
13. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2025.
14. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2025.
15. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2025.
16. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
17. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.
18. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: <http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>.