Blue Cross Blue Shield Blue Care Network of Michigan

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Effective Date: 02/08/2024

Imfinzi® (durvalumab)

HCPCS: J9173

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. Treatment must follow the FDA approved indications or National Comprehensive Cancer Network (NCCN) guidelines when it is a Category 1 or 2A recommendation
      i. Must be used with concomitant treatment according to FDA indication or NCCN category 1 or 2A recommendation
   b. Must be prescribed by or in consultation with an oncologist
   c. FDA approved age
   d. No prior use or failure with Imfinzi or another program death receptor 1 (PD-L1) inhibitor
   e. Patient is not receiving therapy for a chronic condition, such as autoimmune disease, that requires treatment with a systemic immunosuppressant

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
   c. Renewal Criteria:
      i. Unresectable stage III non-small cell lung cancer: Treatment may be continued until disease progression or until unacceptable toxicity occurs, up to maximum of 12 months
      ii. Extensive stage small cell lung cancer: Treatment may be continued until disease progression or until unacceptable toxicity occurs
      iii. Locally advanced or metastatic biliary tract cancer: Treatment may be continued until disease progression or until unacceptable toxicity occurs
      iv. Unresectable hepatocellular carcinoma: Treatment may be continued until disease progression or unacceptable toxicity occurs
      v. Metastatic non-small cell lung cancer: Treatment may be continued until disease progression or unacceptable toxicity

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Imfinzi is indicated for
    - The treatment of adult patients with unresectable stage III non-small cell lung cancer (NSCLC) who's disease has not progressed following concurrent platinum-based chemotherapy and radiation
    - In combination with Imjudo and platinum-based chemotherapy, 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
    - In combination with etoposide and either carboplatin or cisplatin, as first-line treatment of adult patients with extensive stage small cell lung cancer (SCLC)
    - In combination with gemcitabine and cisplatin, as treatment of adult patients with locally advanced or metastatic biliary tract cancer (BTC)
    - In combination with tremelimumab-actl, for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC)
- Efficacy and safety for Imfinzi in non-small cell lung cancer was determined in the PACIFIC trial, a randomized, double-blind, placebo-controlled phase III study of 713 patients with unresectable stage III NSCLC who completed at least 2 prior cycles of concurrent platinum-based chemotherapy and radiation. Patients were randomized to Imfinzi or placebo for up to 12 months or unacceptable toxicity or progressive disease. Treatment was initiated 6 weeks following completion of chemoradiation. Patients must have had an ECOG performance status of 0 – 1 and were excluded if they required systemic immunosuppression. The primary endpoint was progression free survival which was shown to be statistically significant compared to placebo.
- Safety and efficacy for use in extensive disease small cell lung cancer was assessed in the CASPIAN trial, a phase III, randomized, active-control, open-label study of 537 patients with extensive disease small cell lung cancer. The target population included those with histologically or cytologically documented extensive disease or those with T3-4 due to multiple lung nodules that are too extensive or have tumor/nodal volume that is too large to be encompassed in a tolerable radiation plan. Eligible patients had an ECOG performance status of 0 – 1 and were suitable to receive platinum-based chemotherapy. Patients could not have received prior therapy and were excluded if they required systemic immunosuppression. The primary endpoint was overall survival of Imfinzi plus chemotherapy versus chemotherapy alone. The Imfinzi plus chemotherapy arm had a statistically significant overall survival rate compared to chemotherapy alone.
- Safety and efficacy for use in BTC was investigated in the TOPAZ-1 study, a randomized, double-blind, placebo-controlled, multicenter trial of 685 patients with histologically confirmed locally advanced unresectable or metastatic disease who have not previously received systemic therapy. Patients with recurrent disease greater than 6 months after surgery and/or completion of adjuvant therapy were eligible. Patients had an ECOG performance status of 0 and 1 and least one target lesion by RECIST 1.1. The primary endpoint was overall survival of Imfinzi plus chemotherapy versus chemotherapy alone. The Imfinzi plus chemotherapy arm had a statistically significant overall survival rate compared to chemotherapy alone.

- Safety and efficacy for use in HCC was established in the HIMALAYA trial, a randomized, open-label, multicenter, phase III study of 1,324 patients with unresectable, advanced HCC who had not been treated with prior systemic therapy and were not eligible for locoregional therapy. Patients were randomized to either Imfinzi alone, a single priming dose of Imjudo 300 mg added to Imfinzi 1500 mg followed by Imfinzi monotherapy every four weeks, or sorafenib 400 mg twice daily. The study excluded patients with co-infection of viral hepatitis B and hepatitis C; active or prior documented gastrointestinal (GI) bleeding within 12 months; ascites requiring non-pharmacologic intervention within 6 months; hepatic encephalopathy within 12 months before the start of treatment; and active or prior documented autoimmune or inflammatory disorders. All subjects had a Child-Pugh Score class A and an ECOG performance score of 0 – 1. The primary endpoint was overall survival (OS) between the Imjudo plus Imfinzi arm versus the sorafenib arm. OS improved from a median 13.8 months with sorafenib to 16.4 months with the dual immunotherapy representing a 22% reduction in the risk for death during the study period (HR 0.78; 95% CI: 0.66 - 0.92; p-value = 0.0035). At 3 years, OS rates were an estimated 31% with Imjudo in combination with Imfinzi versus 20% with sorafenib.

- The POSEIDON trial was a randomized, multicenter, active-controlled, open-label, phase III study of 1,013 previously untreated patients with EGFR/ALK wild-type mNSCLC. Patients were randomized to either Imjudo plus Imfinzi and platinum-based chemotherapy for up to four 21-day cycles, followed by Imfinzi once every 4 weeks until progression and one additional Imjudo dose; Imfinzi plus chemotherapy for up to four 21-day cycles, followed by Imfinzi once every 4 weeks until progression; or chemotherapy for up to six 21-day cycles. Chemotherapy options for all arms included carboplatin plus nab-paclitaxel regardless of histology, cisplatin or carboplatin plus gemcitabine for patients with squamous histology, and cisplatin or carboplatin plus pemetrexed for patients with non-squamous histology. Patients with non-squamous histology who received pemetrexed-platinum doublet could receive pemetrexed maintenance therapy if eligible. The study excluded patients with active infection, another primary malignancy, a medical contraindication to platinum-based doublet therapy, and active or prior documented autoimmune or inflammatory disorders. All subjects had an ECOG performance score of 0 – 1. The primary endpoints were progression-free survival (PFS) and OS for Imfinzi + chemotherapy versus chemotherapy. Key alpha-controlled secondary end points were PFS and OS for Imjudo plus Imfinzi and chemotherapy versus chemotherapy. PFS was significantly improved with Imfinzi plus chemotherapy versus chemotherapy (HR = 0.74; 95% CI: 0.62, 0.89; p-value = 0.0009; median 5.5 v 4.8 months); a trend for improved OS did not reach statistical significance (HR = 0.86; 95% CI: 0.72, 1.02; p-value = 0.0758; median 13.3 v 11.7 months; 24-month OS 29.6% v 22.1%). PFS (HR = 0.72; 95% CI: 0.60, 0.86; p-value = 0.0003; median 6.2 v 4.8 months) and OS (HR = 0.77; 95% CI: 0.65, 0.92; p-value = 0.0030; median 14.0 v 11.7 months; 24-month OS 32.9% v 22.1%) were significantly improved with Imjudo plus Imfinzi and chemotherapy versus chemotherapy alone.

- Imfinzi has not been studied as combination therapy when used to treat non-small cell lung cancer.

- There are no studies to support use of a different PD-L1 when treatment failure has occurred with another. The National Comprehensive Cancer Network guidelines also do not support use of a PD-L1 inhibitor following use of one in a prior line of therapy.

References:

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5. AstraZeneca Media Centre. AstraZeneca reports results from the ARCTIC trial in third-line non-small cell lung cancer. 24 April 2018. Available at: https://www.astrazeneca.com/media-centre/press-releases/2018/astrazeneca-reports-results-from-the-arctic-trial-in-third-line-non-small-cell-lung-cancer-24042018.html. Accessed May 11, 2018.
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8. Oh DY, He AR, Qin S, et al. Durvalumab plus gemcitabine and cisplatin in advanced biliary tract cancer. NEJM Evid. 2022 June 1; 1 (8): 1 – 11.
9. National Comprehensive Cancer Network. Biliary tract cancers (Version 3.2023). 2023 Nov 8. Available at: https://www.nccn.org/professionals/physician_gls/pdf/btc.pdf. Accessed on January 2, 2024.
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11. Johnson ML, Cho BC, Luft A, et al. 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. 2022 Nov 3: JCO2200975. doi: 10.1200/JCO.22.00975.
12. National Comprehensive Cancer Network. Hepatocellular carcinoma (Version 2.2023). 2023 Sept 14. Available at: https://www.nccn.org/professionals/physician_gls/pdf/hcc.pdf. Accessed on January 2, 2024.

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<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>2.2</td><td>Effective Date: 02/08/2024</td><td>Updated to remove indication specific criteria and list FDA approved indications and NCCN guideline recommendations</td></tr>
<tr><td>2.1</td><td>Effective Date: 02/02/2023</td><td>Updated to include the new indication of metastatic non-small cell lung cancer and updated renewal authorization to allow no less than 60 days of authorization</td></tr>
<tr><td>2.0</td><td>Effective Date: 12/01/2022</td><td>Updated to include the new indications for biliary tract cancer and hepatocellular carcinoma and reflect an authorization period of at least 60 days</td></tr>
<tr><td>1.9</td><td>Effective Date: 06/09/2022</td><td>Updated approval length to allow for FDA recommended dosing or up to 6 months at a time</td></tr>
<tr><td>1.8</td><td>Effective Date: 06/10/2021</td><td>Removed indication for urothelial carcinoma as it is no longer FDA approved and updated renewal authorization to 6 months</td></tr>
<tr><td>1.7</td><td>Effective Date: 12/01/2020</td><td>UM medical management system update for PPO
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<tr><td>1.4</td><td>Effective Date: 11/01/2019</td><td>Annual Review of Medical Policy</td></tr>
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<tr><td>1.2</td><td>Effective Date: 11/01/2018</td><td>Updated criteria per oncology vendor</td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*