

## Imfinzi<sup>®</sup> (durvalumab) (Intravenous)

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### I. Length of Authorization <sup>1,10</sup>

- Non-Small Cell Lung Cancer: Coverage will be provided for six months and may be renewed up to a maximum of 12 months of therapy.
- Small Cell Lung Cancer: Coverage will be provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Imfinzi 120 mg single-dose vial: 2 vials per 14 days
- Imfinzi 500 mg single-dose vial: 2 vials per 14 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- NSCLC: 112 billable units (1120 mg) every 14 days
- SCLC (first-line therapy): 150 billable units (1500 mg) every 21 days
- SCLC (maintenance therapy): 150 billable units (1500 mg) every 28 days

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Universal Criteria

- Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, cemiplimab, dostarlimab, etc.) unless otherwise specified; **AND**

#### Non-Small Cell Lung Cancer (NSCLC) † <sup>1,3-5</sup>

- Used as a single agent; **AND**
- Used as consolidation therapy; **AND**
- Patient has unresectable stage II-III disease; **AND**

- Disease did not progress after 2 or more cycles of definitive chemoradiation; **AND**
- Patient has a performance status (PS) of 0-1

#### Small Cell Lung Cancer (SCLC) † $\Phi$ 1,3,8,9,11

- Patient has extensive stage disease (ES-SCLC); **AND**
  - Used as first-line therapy in combination with etoposide and either carboplatin or cisplatin; **OR**
  - Used as single-agent maintenance therapy after initial therapy with etoposide and either carboplatin or cisplatin

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s);  $\Phi$  Orphan Drug

#### IV. Renewal Criteria <sup>1,3</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion reactions, immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis and renal dysfunction, skin reactions, etc.), etc.; **AND**

#### NSCLC

- Patient has not exceeded a maximum of twelve (12) months of therapy

#### Continuation Maintenance Therapy for SCLC

- *Refer to Section III for criteria*

#### V. Dosage/Administration <sup>1,8,9</sup>

Indication	Dose
NSCLC	<u>Weight <math>\geq</math>30 kg:</u> Administer 10 mg/kg intravenously every 14 days OR 1,500 mg intravenously every 28 days for up to a maximum of 12 months of therapy in patients without disease progression or unacceptable toxicity
	<u>Weight &lt;30 kg:</u> Administer 10 mg/kg intravenously every 14 days for up to a maximum of 12 months of therapy in patients without disease progression or unacceptable toxicity
SCLC	<u>Weight <math>\geq</math>30 kg:</u> Administer 1,500 mg intravenously in combination with chemotherapy on day 1 of every 21 day cycle x 4 cycles, followed by a maintenance dose of 1,500 mg

	<p>as a single agent on day 1 of every 28 day cycle thereafter, until disease progression or unacceptable toxicity</p> <p><u>Weight &lt;30 kg:</u></p> <p>Administer 20 mg/kg intravenously in combination with chemotherapy on day 1 of every 21 day cycle x 4 cycles, followed by a maintenance dose of 10 mg/kg as a single agent on day 1 of every 14 day cycle thereafter, until disease progression or unacceptable toxicity</p>
<p><u>Dosing should be calculated using actual body weight and not flat dosing (as applicable) based on the following:</u></p> <ul style="list-style-type: none"> <li>• Patient weight &gt; 30 kg and &lt;75 kg: Use 20 mg/kg dosing</li> </ul> <p><i>Note: This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide. Patient-specific variables should be taken into account.</i></p>	

## VI. Billing Code/Availability Information

### HCPCS Code:

- J9173 – Injection, durvalumab, 10 mg; 1 billable unit = 10 mg

### NDC:

- Imfinzi 120 mg/2.4 mL single-dose vial: 00310-4500-xx
- Imfinzi 500 mg/10 mL single-dose vial: 00310-4611-xx

## VII. References

1. Imfinzi [package insert]. Wilmington, DE; AstraZeneca Pharmaceuticals LP; July 2021. Accessed August 2021.
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.
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8. Paz-Ares L, Dvorkin M, Chen Y, et al. 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. Epub 2019 Oct 4.
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10. Powles T, O'Donnell PH, Massard C, et al. Efficacy and Safety of Durvalumab in Locally Advanced or Metastatic Urothelial Carcinoma: Updated Results From a Phase 1/2 Open-label Study. JAMA Oncol. 2017 Sep 14;3(9):e172411. doi: 10.1001/jamaoncol.2017.2411. Epub 2017 Sep 14.
11. Goldman JW, Dvorkin M, Chen Y, et al. Durvalumab, with or without tremelimumab, plus platinum-etoposide versus platinum-etoposide alone in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): updated results from a randomised, controlled, open-label, phase 3 trial. Lancet Oncol. 2021 Jan;22(1):51-65. doi: 10.1016/S1470-2045(20)30539-8.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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

ICD-10	ICD-10 Description
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

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)

### Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC