IMFINZI (durvalumab)

**Policy Number:** 5.02.542  
**Last Review:** 10/2017  
**Origination:** 09/2017  
**Next Review:** 10/2018

Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for IMFINZI when it is determined to be medically necessary because the following criteria have been met.

**When Policy Topic is covered**

The use of IMFINZI is considered medically necessary for the treatment of locally advanced or metastatic urothelial carcinoma when all of the following criteria are met:

A. Inoperable or metastatic transitional-cell urothelial carcinoma histologically or cytologically confirmed; and

B. One of the following:
   1. Disease has progressed during or following platinum-containing therapy; or
   2. Disease has progressed within 12 months of neoadjuvant or adjuvant treatment with platinum-containing therapy; and

C. Individual has a current Eastern Cooperative Oncology Group (ECOG) performance status of 0-2; and

D. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; and

E. Individual does not have any of the following:
   1. History of immunodeficiency; or
   2. History of severe autoimmune disease; or
   3. Require systemic immunosuppression; or
   4. Active immune-mediated disease; or
   5. Severe or life-threatening infection; or
   6. Untreated central nervous system (CNS) metastases.

**Imfinzi must be provided by a specialty infusion provider.**

**When Policy Topic is not covered**

The use of IMFINZI is considered investigational when the above criteria are not met and for all other uses.
Considerations
IMFINZI requires prior authorization through the Clinical Pharmacy Department.

This Blue Cross and Blue Shield of Kansas City policy Statement was developed using available resources such as, but not limited to: Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, Local medical policies of other health plans, Medicare (CMS), Local providers.

Description of Procedure or Service
Urothelial carcinoma is the most common type of bladder cancer. The American Cancer Society (ACS) estimates that in 2017 there will be approximately 79,030 new cases of bladder cancer (about 60,490 in men and 18,540 in women) and 16,870 deaths from bladder cancer (about 12,240 in men and 4630 in women) in the United States.

IMFINZI is indicated for the treatment of patients with locally advanced or metastatic urothelial cancer. IMFINZI is a human immunoglobulin G1 kappa (IgG1κ) monoclonal antibody that blocks the interaction of programmed cell death ligand 1 (PD-L1) with the PD-1 and CD80 (B7.1) molecules. PD-L1 blockade with IMFINZI led to increased T-cell activation in vitro and decreased tumor size in co-engrafted human tumor and immune cell xenograft mouse models

IMFINZI (IMFINZI) 2017 FDA Product Information label includes the following warnings and precautions:

- Immune-Mediated Pneumonitis: Withhold for moderate and permanently discontinue for severe or life-threatening pneumonitis.
- Immune-Mediated Hepatitis: Monitor for changes in liver function. Withhold for moderate and permanently discontinue for severe or life-threatening transaminase or total bilirubin elevation.
- Immune-Mediated Colitis: Withhold for moderate and permanently discontinue for severe or life-threatening colitis.
- Immune-Mediated Endocrinopathies:
  - Adrenal Insufficiency, Hypophysitis, or Type 1 Diabetes Mellitus: Withhold for moderate, severe or life-threatening.
- Infection: Withhold for severe or life-threatening infection.
- Infusion-Related Reactions: Interrupt infusion or slow the rate of infusion for mild or moderate and permanently discontinue for severe or life-threatening infusion-related reactions.
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and use of effective contraception.

Rationale
On May 1, 2017, the U.S. Food and Drug Administration (FDA) approved IMFINZI for the treatment of individuals with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or who have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy. This indication was approved under an accelerated process and is based on tumor response rate and duration of response. The FDA also included a contingency that continued approval may be based upon verification and description of clinical benefit in confirmatory trials. The FDA approval was based upon
an unpublished single arm, open-label study of 182 individuals with locally advanced or metastatic urothelial carcinoma.

Urothelial Carcinoma

In an open-label, phase 1/2 study by Massard and colleagues (2016), the safety and efficacy of IMFINZI was investigated. A total of 61 participants with inoperable or metastatic solid tumors were treated with IMFINZI every 2 weeks for up to 12 months. The majority of participants (93.4%) had received one or more prior systemic therapies and 31.1% had received three or more prior systemic therapies. The primary endpoint was safety and the secondary endpoint was objective response rate. Median duration of follow-up was 4.3 months. A total of 63.9% (39/61) individuals reported a treatment related adverse event (AE). The most common AEs were low grade and included fatigue, diarrhea, and decreased appetite. There were 3 participants who experienced grade 3 AEs and there were no reported grade 4 or 5 events. In 42 participants, the objective response rate was 31.0% (95% confidence interval [CI], 17.6 to 47.1) and 46.4% (95% CI, 27.5 to 66.1) in the PD-L1-positive subgroup, and 0% (95% CI, 0.0 to 23.2) in the PD-L1-negative subgroup.

The National Comprehensive Cancer Network (NCCN) Bladder Cancer Guidelines (V2. 2017) indicate that IMFINZI is a PD-L1 inhibitor which is in clinical trials to evaluate its activity in the treatment of bladder cancer. There are no recommendations regarding treatment at this time.

Other Potential Uses

Clinical trials are in progress to study the use of IMFINZI as monotherapy and in combination with other medications as first-line therapy for metastatic urothelial cancer. There are several ongoing phase 3 trials involving the use of IMFINZI as a monotherapy or in combination with other treatments for non-small cell lung cancer (NSCLC), squamous cell carcinoma of the head and neck, hairy cell leukemia and multiple myeloma (Jelinek, 2016; Kumar, 2016).

References

Peer Reviewed Publications:

7. Rothschild SI, Zippelius A, Prince SS, et al. 129TIP: SAKK 16/14 - anti-PD-L1 antibody IMFINZI (MEDI4736) in addition to neoadjuvant chemotherapy in patients with stage IIIA (N2) non-small


Government Agency, Medical Society, and Other Authoritative Publications:


Websites for Additional Information


Billing Coding/Physician Documentation Information

IMFINZI is considered a medical benefit; specialty infusion sourcing

Additional Policy Key Words
5.02.542

Policy Implementation/Update Information

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