

Generic Name: Durvalumab

Preferred: N/A

Therapeutic Class or Brand Name: Imfinzi™

Non-preferred: N/A

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 5/18/2017

GPI Code: 2135302900

Date Last Reviewed / Revised: 8/14/2020

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of A OR B and meets the criteria under each diagnosis: locally advanced or metastatic urothelial carcinoma
 - A. Locally advanced or metastatic urothelial carcinoma and documentation that one of the following criteria 1 or 2 is met:
 1. Patient has disease progression during or following platinum-containing chemotherapy.
 2. Patient has disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
 3. Imfinzi™ will be used as a single agent.
 - B. Unresectable, Stage III non-small cell lung cancer (NSCLC)
 1. Disease has not progressed following concurrent platinum-based chemotherapy and radiation.
 - C. Extensive-stage small cell lung cancer (ES-SCLC) and the following criteria are met:
 1. Durvalumab (Imfinzi) is used as first line treatment in combination with either carboplatin or cisplatin.
- II. Minimum age requirement: 18 years old.
- III. Prescribing physician is an oncologist.

EXCLUSION CRITERIA

- Prior treatment with a programmed death receptor-1 (PD-1)-blocking antibody or a programmed death-ligand 1 (PD-L1) blocking antibody (i.e. Bavencio®, Imfinzi™, Keytruda®, Opdivo®, or Tecentriq®).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 10 mg/kg every 2 weeks.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. <https://www.azpicentral.com/imfinzi/imfinzi.pdf#page=1>.
2. MediSpan
3. https://www.nccn.org/professionals/physician_gls/pdf/sclc.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.