

Reference number(s)
1820-A

Specialty Guideline Management

Imfinzi

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Imfinzi	durvalumab

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications¹

- Imfinzi, as a single agent, is indicated for the treatment of adult patients with unresectable, Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy.
- Imfinzi, in combination with etoposide and either carboplatin or cisplatin, is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).
- Imfinzi, in combination with gemcitabine and cisplatin, is indicated for the treatment of adult patients with locally advanced or metastatic biliary tract cancer (BTC).
- Imfinzi, in combination with tremelimumab-actl, is indicated for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC).
- Imfinzi, in combination with tremelimumab-actl and platinum-based chemotherapy, is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.

- Imfinzi, in combination with carboplatin and paclitaxel followed by Imfinzi as a single agent, is indicated for the treatment of adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR).
- Imfinzi, in combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by Imfinzi continued as a single agent as adjuvant treatment after surgery, is indicated for the treatment of adult patients with resectable (tumors \geq 4 cm and/or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.
- Imfinzi, as a single agent, is indicated for the treatment of adult patients with limited-stage small cell lung cancer (LS-SCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy.
- Imfinzi, in combination with gemcitabine and cisplatin as neoadjuvant treatment, followed by single agent Imfinzi as adjuvant treatment following radical cystectomy, is indicated for the treatment of adult patients with muscle invasive bladder cancer (MIBC).

Compendial Uses²⁻⁶

- Cervical Cancer
- Non-Small Cell Lung Cancer
- Small Cell Lung Cancer
- Ampullary Adenocarcinoma
- Pleural Mesothelioma
- Hepatocellular Carcinoma
- Esophageal and Esophagogastric Junction Cancer
- Gastric Cancer
- Biliary Tract Cancer
 - Intrahepatic Cholangiocarcinoma
 - Extrahepatic Cholangiocarcinoma
 - Gallbladder Cancer
- Bladder Cancer
- Endometrial carcinoma

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Documentation of the absence of EGFR exon 19 deletion and exon 21 L858R mutations, where applicable (unless testing is not feasible due to insufficient tissue).
- Documentation of the absence of ALK, RET, and ROS1 rearrangements, where applicable (unless testing is not feasible due to insufficient tissue).
- Documentation of laboratory report confirming microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumor status, where applicable.

Reference number(s)
1820-A

Exclusions

Coverage will not be provided for members who have experienced disease progression while on PD-1 or PD-L1 inhibitor therapy.

Coverage Criteria

Non-small cell lung cancer (NSCLC)^{1,2}

Authorization of 6 months may be granted for treatment of NSCLC when any of the following criteria are met:

- The member has unresectable stage II or III NSCLC that has not progressed following concurrent platinum-based chemotherapy and radiation therapy and meets all of the following criteria:
 - The tumor is negative for EGFR exon 19 deletion and exon 21 L858R mutations
 - The requested medication will be used as a single agent
- The member has recurrent, advanced or metastatic NSCLC negative for EGFR exon 19 deletion and exon 21 L858R mutations and ALK, RET, and ROS1 rearrangements and meets either of the following criteria:
 - The requested medication will be used in combination with tremelimumab-actl (Imjudo) and platinum-based chemotherapy
 - The requested medication will be used as maintenance therapy as a single agent or in combination with pemtrexed
- The member has resectable NSCLC and meets all of the following criteria:
 - The requested medication will be used as neoadjuvant treatment in combination with platinum-containing chemotherapy and continued as adjuvant treatment after surgery as a single agent
 - The tumor is negative for EGFR exon 19 deletion and exon 21 L858R mutations and ALK, RET, and ROS1 rearrangements

Small cell lung cancer (SCLC)^{1-2,5}

Authorization of 6 months may be granted for treatment of small cell lung cancer when either of the following criteria is met:

- The requested medication will be used for first-line treatment of extensive-stage small cell lung cancer in combination with etoposide and either carboplatin or cisplatin followed by single agent maintenance.
- The requested medication will be used for adjuvant consolidation therapy as a single agent for treatment of limited stage small cell lung cancer and the member did not experience disease progression after systemic therapy with concurrent radiation therapy.

Reference number(s)
1820-A

Cervical Cancer²

Authorization of 6 months may be granted for treatment of persistent, recurrent or metastatic small cell neuroendocrine carcinoma of the cervix (NECC) when used in combination with etoposide and either cisplatin or carboplatin and continued as single agent maintenance therapy.

Ampullary Adenocarcinoma²

Authorization of 6 months may be granted for first-line treatment of metastatic ampullary adenocarcinoma when both of the following criteria are met:

- The disease is pancreatobiliary or mixed type
- The requested medication will be used in combination with cisplatin and gemcitabine

Pleural Mesothelioma³

Authorization of 6 months may be granted for first-line treatment of unresectable pleural mesothelioma when used in combination with pemetrexed and either cisplatin or carboplatin.

Hepatocellular Carcinoma^{1,2,7}

Authorization of 6 months may be granted for first-line treatment of hepatocellular carcinoma as a single agent or in combination with tremelimumab-actl (Imjudo) when both of the following criteria are met:

- The disease is unresectable or extrahepatic/metastatic
- The member is ineligible for transplant

Authorization of 6 months may be granted for subsequent treatment of unresectable or extrahepatic/metastatic hepatocellular carcinoma when either of the following criteria are met:

- The requested medication will be used as a single agent or
- The requested medication will be used in combination with tremelimumab-actl (Imjudo) and the member has not been previously treated with an anti-CTLA4-based regimen.

Esophageal, Esophagogastric Junction and Gastric Cancer^{2,4}

Authorization of 3 months for a total of 3 doses may be granted for treatment of esophageal, esophagogastric junction or gastric cancer when all of the following criteria are met:

- The requested medication will be used in combination with tremelimumab (Imjudo) for neoadjuvant treatment
- The tumor is microsatellite instability-high (MSI-H) or deficient mismatch repair (dMMR)
- The member is medically fit for surgery

Endometrial Cancer^{1,2}

Authorization of 6 months may be granted for treatment of advanced or recurrent endometrial cancer when all of the following criteria are met:

Reference number(s)
1820-A

- The requested medication will be used in combination with carboplatin and paclitaxel followed by use as a single agent.
- The tumor is deficient mismatch repair (dMMR)

Biliary Tract Cancer^{1,2}

Authorization of 6 months may be granted for treatment of biliary tract cancer when the requested medication will be used in combination with cisplatin or carboplatin and gemcitabine to treat locally advanced, locoregionally advanced, unresectable, gross residual (R2) disease, or metastatic biliary tract cancer (intrahepatic cholangiocarcinoma, extrahepatic cholangiocarcinoma, or gallbladder cancer) or for disease recurrence after surgery and adjuvant therapy.

Bladder Cancer^{1,2,6}

Authorization of 6 months may be granted for perioperative/sandwich treatment of stage II or IIIA bladder cancer when used in combination with gemcitabine and cisplatin prior to cystectomy followed by durvalumab after surgery.

Continuation of Therapy

NSCLC

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for NSCLC when any of the following criteria are met:

- The member has unresectable stage II or III NSCLC and there is no evidence of unacceptable toxicity or disease progression while on the current regimen. (up to 12 months total)
- The member has recurrent, advanced or metastatic NSCLC and there is no evidence of unacceptable toxicity or disease progression while on the current regimen.
- The member has resectable NSCLC and there is no evidence of unacceptable toxicity or disease progression while on the current regimen (up to 12 cycles after surgery).

Limited Stage SCLC

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for limited stage SCLC when there is no evidence of unacceptable toxicity or disease progression while on the current regimen. (up to 24 months total).

Esophageal, Esophagogastric Junction and Gastric Cancer

Authorization of 3 months for a total of 3 doses may be granted for treatment of esophageal, esophagogastric junction or gastric cancer. Reauthorization may be granted only when the member did not receive a total of 3 doses from the initial approval.

Reference number(s)
1820-A

Bladder Cancer

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for bladder cancer when there is no evidence of unacceptable toxicity or disease progression while on the current regimen. (Up to 12 cycles)

All other indications

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Imfinzi [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; March 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed July 10, 2025.
3. IBM Micromedex® DRUGDEX® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at <https://www.micromedexsolutions.com> Accessed July 10, 2025.
4. Pietrantonio, Filippo, Raimondi Alessandra, Lonardi Sara, et al. Infinity: A multicenter, single-arm, multi-cohort, phase II trial of tremelimumab and durvalumab as neoadjuvant treatment of patients with microsatellite instability-high (MSI) resectable gastric or gastroesophageal junction adenocarcinoma (GAC/GEJAC). *Journal of Clinical Oncology*. 2023; 4: 358.
5. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Small Cell Lung Cancer. Version 4.2025. Accessed July 10, 2025. https://www.nccn.org/professionals/physician_gls/pdf/sclc.pdf.
6. Powles, T, Catto, J, Galsky, M, et al. Perioperative Durvalumab with Neoadjuvant Chemotherapy in Operable Bladder Cancer. *N Engl J Med*. 2024;391:1773-1786.
7. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Hepatocellular Carcinoma. Version 1.2025. Accessed July 22, 2025. https://www.nccn.org/professionals/physician_gls/pdf/hcc.pdf.