Medical Drug Clinical Criteria

Subject:	Imfinzi (durvalumab)		
Document #:	CC-0130	**Publish Date:**	~~02/03/2025~~07/01/2025
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Overview

This document addresses the use of Imfinzi (durvalumab). Imfinzi is a programmed death-ligand 1 (PD-L1) blocking antibody.

The FDA approved indications for Imfinzi include:

- NSCLC:
  - In combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by Imfinzicontinued as a single agent as adjuvant treatment after surgery, is indicated for the treatment of adult patients with resectable (tumors ≥ 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.
  - 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.
  - in combination with tremelimumab-actl (Imjudo) and platinum-based chemotherapy, for the treatment of adults with metastatic NSCLC, with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.
- Small Cell Lung Cancer
  - in combination with etoposide and either carboplatin or cisplatin, as first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC)
  - 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 (cCRT).
- Biliary Tract Cancer
  - in combination with gemcitabine and cisplatin, as treatment of adults with locally advanced or metastatic biliary tract cancer (BTC)
- Hepatocellular carcinoma
  - in combination with tremelimumab-actl (Imjudo) for the treatment of adults with unresectable hepatocellular carcinoma
- Endometrial Cancer
  - 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)
- Bladder Cancer
  - 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)

The National Comprehensive Cancer Network (NCCN) provides category 1 and 2A recommendations for use in Ampullary adenocarcinoma (pancreatobiliary mixed type disease), NSCLC, hepatocellular carcinoma, SCLC, esophageal/esophagogastric, gastric cancer, and biliary tract cancer also.

NCCN also provides a 2A recommendation for use in persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix (NECC) in combination with etoposide and a platinum-based chemotherapy. This recommendation cites data which is extrapolated from the studies for the use in extensive stage small cell lung cancer (Horn L, et al 2018, Luis Paz-Ares, et.al. CASPIAN 2019). Though the recommendation provides use to second-line or subsequent therapy, these studies only discuss first-line therapy.

NCCN provides category 2A and 2B recommendations for use of Imfinzi in several types of bladder cancer. However, their Bladder Cancer guidelines have not been updated since the manufacturer's decision in 2/2021 to withdraw this indication from the FDA label due to Imfinzi's inability to meet the overall survival primary outcome measures in the phase 3 DANUBE confirmatory trials (Powles 2020). The FDA had granted Imfinzi with its bladder cancer indication through the accelerated approval program in 2017, with continued approval contingent upon verification of clinical benefit in confirmatory trials. In the current NCCN compendia, NCCN no longer provides these bladder cancer recommendations.

NCCN provides a category 2A recommendation for the use of Imfinzi as adjuvant consolidation therapy as a single agent for limited stage disease if no disease progression following systemic therapy with concurrent radiation therapy for those with good performance status (PS) who are medically inoperable or decision was made not to pursue surgical resection.

Definitions and Measures

Consolidation therapy: Any drug or medical treatment that is used to kill remaining cancer cells. Also called intensification therapy or post-remission therapy.

ECOG or Eastern Cooperative Oncology Group Performance Status: A scale and criteria used by doctors and researchers to assess how an individual's disease is progressing, assess how the disease affects the daily living abilities of the individual, and determine appropriate treatment and prognosis. This scale may also be referred to as the WHO (World Health Organization) or Zubrod score which is based on the following scale:

- 0 = Fully active, able to carry on all pre-disease performance without restriction
- 1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, for example, light house work, office work
- 2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
- 3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
- 4 = Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
- 5 = Dead

Extensive-stage small cell lung cancer: Cancer has spread to other parts of the body, and could include the fluid around the lungs.

Immune checkpoint inhibitor: A type of drug that blocks certain proteins made by some types of immune system cells, such as T cells, and some cancer cells. When these proteins are blocked, the "brakes" on the immune system are released and T cells are able to kill cancer cells better. Examples of checkpoint proteins found on T cells or cancer cells include programmed death (PD)-1, PD-ligand 1 (PD-L1), and cytotoxic T-lymphocyte–associated antigen (CTLA)-4/B7-1/B7-2.

Limited-stage small cell lung cancer: Cancer is confined to 1 part of the chest, and radiation therapy could be an option.

Locally advanced cancer: Cancer that has spread only to nearby tissues or lymph nodes.

Metastasis: The spread of cancer from one part of the body to another; a metastatic tumor contains cells that are like those in the original (primary) tumor and have spread.

Programmed death (PD)-1 proteins: PD-1 proteins are found on T-cells and attach to PD ligands (PD-L1) found on normal (and cancer) cells (see immune checkpoint inhibitor above). Normally, this process keeps T-cells from attacking other cells in the body. However, this can also prevent T-cells from attacking cancer cells in the body. Examples of FDA approved anti-PD-1 agents include Keytruda (pembrolizumab), Opdivo (nivolumab), and Libtayo (cemiplimab).

Programmed death ligand (PD-L)-1: The ligands found on normal (and cancer) cells to which the PD-1 proteins attach (see immune checkpoint inhibitor above). Cancer cells can have large amounts of PD-L1 on their surface, which helps them to avoid immune attacks. Examples of FDA approved anti-PD-L1 agents include Bavencio (avelumab), Tecentriq (atezolizumab), and Imfinzi (durvalumab).

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Imfinzi (durvalumab)

Requests for Imfinzi (durvalumab) may be approved if the following criteria are met:

I. Individual has a diagnosis of Non-Small Cell Lung Cancer (NSCLC) (Label, NCCN 1, 2A); **AND**
   A. Disease type is one of the following:
      1. Disease is confirmed (histologically or cytologically) stage III locally advanced, unresectable NSCLC disease; **OR**
      2. Disease is confirmed (histologically or cytologically) stage II, unresectable NSCLC;

   AND
   B. Disease has not progressed after definitive chemoradiation; **AND**
   C. Individual is using as consolidation therapy; **AND**
   D. Individual is using as a single agent; **AND**
   E. Individual is using until disease progression or a maximum of 12 months of treatment (NCCN 2A); **AND**
   F. Individual has not previously received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
   G. Individual has a current ECOG performance status of 0-2; **AND**
   H. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

II. Individual has a diagnosis of NSCLC (Label, NCCN 1, 2A); **AND**
   A. Individual has recurrent, advanced or metastatic NSCLC disease with no prior chemotherapy or any other systemic therapy; **AND**
   B. Individual is using in combination with Imjudo (tremelimumab-actl) and platinum-based chemotherapy; **AND**
   C. Negative for actionable molecular biomarkers (including but not limited to EGFR, KRAS, ALK, ROS1, BRAF, NTRK 1/23, MET, RET, and ERBB2 (HER2); **AND**
   D. Individual may be KRAS G12C mutation positive; **AND**
   E. Individual has a PD-L1 expression of greater than or equal to 1 to 49%; **AND**
   F. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
   G. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

III. Individual has a diagnosis of NSCLC (NCCN 1); **AND**
   A. Individual is using as continuation maintenance therapy in one of the following ways:
      1. As a single agent for recurrent, advanced, or metastatic disease after initial systemic therapy with durvalumab/tremelimumab-actl plus chemotherapy; **OR**
      2. In combination with pemetrexed for recurrent, advanced, or metastatic disease after initial systemic therapy with durvalumab/tremelimumab-actl and platinum-based chemotherapy; **AND**
   B. Individual is using until disease progression or unacceptable toxicity following positive tumor response or stable disease following initial systemic therapy; **AND**
   C. Individual has a ECOG performance status of 0-2;

OR

IV. Individual has a diagnosis of NSCLC (Label, NCCN 1); **AND**
   A. Individual is using as neoadjuvant therapy in combination with platinum-containing chemotherapy; **AND**
   B. Individual has resectable (tumors ≥ 4 cm and/or node positive) NSCLC; **AND**
   C. Individual has no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase rearrangements; **AND**
   D. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**

E. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

F. Individual is using Imfinzi as single-agent adjuvant therapy; **AND**
G. Individual is using after initial neoadjuvant use of Imfinzi with platinum-containing chemotherapy for completely resected tumors ≥ 4 cm and/or node positive NSCLC and no known EGFR mutations or ALK rearrangements;

OR

V. Individual has a diagnosis of primary advanced or recurrent endometrial cancer (Label, NCCN 1); **AND**
   A. Individual is using in combination with carboplatin and paclitaxel and followed by durvalumab as a single agent; **AND**
   B. Individual has mismatch repair deficient disease (dMMR);

OR

VI. Individual has a diagnosis of limited stage (LS) small-cell lung cancer (Stage I-III) (Label, NCCN 1); **AND**
   A. Individual's disease has not progressed following concurrent platinum-based chemotherapy and radiation; **AND**
   B. Individual is using durvalumab as a single agent for up to 24 months (NCCN Small Cell Luncg Cancer Guidelines V3.2025); **AND**
   C. Individual has an ECOG performance status of 0-1 (NCCN 1);

OR

VII. Individual has a diagnosis of extensive stage Small Cell Lung Cancer (Label, NCCN 1); **AND**
   A. Individual is using as first line therapy in combination with etoposide and either cisplatin or carboplatin for four (4) cycles (followed by maintenance Imfinzi monotherapy); **AND**
   B. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
   C. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

VIII. Individual has a diagnosis of locally advanced or metastatic biliary tract cancer (including pancreatobiliary and mixed type disease) (Label, NCCN 1, 2A); **AND**
   A. Individual is using in combination with gemcitabine and cisplatin; **AND**
   B. Individual has a current ECOG performance status of 0-2; **AND**
   C. Individual has not previously received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
   D. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

IX. Individual has a diagnosis of hepatocellular carcinoma (uHCC) (Label, NCCN 1); **AND**
   A. Individual is using as first-line therapy in combination with Imjudo (tremelimumab-actl); **AND**
      1. Individual has unresectable disease; **OR**
      2. Individual has liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; **OR**
      3. Individual has metastatic disease or extensive liver tumor burden;

      OR

   B. Individual is using as first-line therapy as a single agent; **AND**
      1. Individual has unresectable disease; **OR**
      2. Individual has liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; **OR**
      3. Individual has metastatic disease or extensive liver tumor burden;

   AND

   C. Individual has a current ECOG performance status of 0-1; **AND**
   D. Individual has not received treatment with another anti-PD-1 or anti-PDL1 agent; **AND**
   E. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

X. Individual has a diagnosis of hepatocellular carcinoma (NCCN 2A); **AND**

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A. Individual has progressed on or after systemic therapy; **AND**
B. Individual is using as subsequent-line systemic therapy (if not previously used); **AND**
C. Using in combination with Imjudo (tremelimumab-actl) or as a single agent; **AND**
D. Individual has not received previous treatment with an anti-CTLA4-based combination, anti-PD-1, or anti-PDL1 agent;

OR

XI. Individual has a diagnosis of muscle invasive bladder cancer (MIBC) (Label, NCCN 1, 2A); **AND**
A. One of the following:
1. Individual is using in combination with gemcitabine and cisplatin as neoadjuvant treatment; **OR**
2. Individual is following neoadjuvant treatment with single agent Imfinzi as adjuvant treatment following radial cystectomy;

AND
B. Individual has not received treatment with another anti-PD-1 or anti-PDL1 agent; **AND**
C. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

~~X.~~XII. Individual has a diagnosis of persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix (NECC) (NCCN 2A); **AND**
A. Individual is using as first-line, second-line, or subsequent therapy (if not used previously as first-line); **AND**
B. Individual is using in combination with etoposide and either cisplatin or carboplatin for four (4) cycles (followed by maintenance Imfinzi monotherapy); **AND**
C. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
D. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

XI. Individual has a diagnosis of Esophageal and esophagogastric junction cancers or Gastric cancer (NCCN 2A); **AND**
A. Individual is using as neoadjuvant therapy; **AND**
B. Individual is using in combination with Imjudo (tremelimumab-actl); **AND**
C. Individual has a current ECOG performance status of 0-1; **AND**
D. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
E. Individual has microsatellite instability-high/deficient mismatch repair (MSI-H/dMMR) tumors.

Requests for Imfinzi (durvalumab) may not be approved when the above criteria are not met and for all other indications.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J9173	Injection, durvalumab, 10 mg [Imfinzi]

ICD-10 Diagnosis

C15.3-C15.9	Malignant neoplasm of esophagus
C16.0-C16.9	Malignant neoplasm of stomach~~cardia~~
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
~~C22.3~~	~~Angiosarcoma of liver~~
~~C22.4~~	~~Other sarcomas of liver~~
~~C22.7~~	~~Other specified carcinomas of liver~~

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C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C33	Malignant neoplasm of trachea
C34.00-C34.92	Malignant neoplasm of bronchus and lung
~~C54.1~~	~~Malignant neoplasm of endometrium~~
~~C54.2~~	~~Malignant neoplasm of myometrium~~
~~C54.3~~	~~Malignant neoplasm of fundus uteri~~
~~C54.8~~	~~Malignant neoplasm of overlapping sites of corpus uteri~~
~~C54.9~~	~~Malignant neoplasm of corpus uteri, unspecified~~
C53.0-C53.9	Malignant neoplasm of cervix uteri
C54.0-C54.9 ~~Malignant neoplasm of isthmus uteri~~	Malignant neoplasm of corpus uteri uteri
C55	Malignant neoplasm of uterus, part unspecified
C67.0-C67.9	Malignant neoplasm of bladder
D09.0	Carcinoma in situ of bladder
Z85.110-Z85.118	Personal history of malignant neoplasm of bronchus and lung
Z92.21	Personal history of antineoplastic chemotherapy
Z92.3	Personal history of irradiation

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Document History

Revised: 05/16/2025
Document History:

- 05/16/2025 – Annual Review: Add new FDA indication in bladder cancer (MIBC). Add NCCN recommendation for use in subsequent systemic therapy in hepatocellular carcinoma in combination with Imjudo or as a single agent. Add references. Coding Reviewed: Updated description for ICD-10-CM C16.0-C16.9. Added ICD-10-CM C22.9, C67.0-C67.9, D09.0. Removed ICD-10-CM C22.3-C22.7. Consolidated C54.0-C54.9 into one range and updated description.
- 12/09/2024 – Select Review: Update existing clinical criteria with FDA label approval in limited stage small cell lung cancer as a single agent, in those who have not progressed following concurrent platinum-based chemotherapy and radiation therapy (cCRT). Update references. Coding reviewed: small cell lung cancer codes already in document no changes.
- 09/09/2024 – Select Review: Add FDA indication for use in combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by Imfinzi continued as a single agent as adjuvant treatment after surgery, for the treatment of individuals with resectable (tumors ≥ 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. Included NCCN guidance to Limited stage SCLC. Coding Reviewed: NSCLC ICD-10-CM codes already in document. Add ICD-10-CM C22.1, C22.3, C22.4, C22.7, C22.8 to complete coding for hepatocellular carcinoma.
- 08/16/2024 – Select Review: Add FDA indication for use in primary advanced or recurrent endometrial cancer. Add criteria for ASCO 2024 review of durvalumab in limited stage small cell lung cancer. Coding Reviewed: Add ICD-10-CM C33, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55.
- 05/17/2024 – Annual Review: Update existing criteria with recommendations from NCCN compendia and guidelines for use in NSCLC, biliary tract cancer, hepatocellular carcinoma, small NECC, Esophageal/Esophagogastric cancers, and Gastric cancers. Add pancreatobiliary and mixed type disease to existing biliary tract cancer criteria. Removed separate criteria for pancreatobiliary and mixed type disease. Coding Reviewed: Added ICD-10-CM C15.3-C15.9, C16.0-C16.9, C23, C53.0-C53.9.

- 02/23/2024 – Annual Review: Add NCCN 2A recommendation for use in pancreatobiliary and mixed type ampullary adenocarcinoma. Update references. Coding Reviewed: No changes.
- 11/19/2023 – Select Review: Add NCCN 2A criteria for use in recurrent NSCLC in combination with Imjudo and clarify molecular biomarkers. Add NCCN 2A criteria for combination use with Imjudo in esophageal and esophagogastric junction cancers or Gastric cancer. Coding Reviewed: No changes.
- 02/24/2023 – Annual Review: Add criteria for use in Stage II unresectable NSCLC. Add use in advanced or metastatic NSCLC when used in combination with Imjudo. Add 1, 2A recommendations from NCCN for use as continuation maintenance therapy in NSCLC after Imjudo combination therapy with platinum-based chemotherapy. Add 2A recommendation for use in first-line small cell neuroendocrine carcinoma of the cervix (NECC). Coding Reviewed: No changes.
- 12/12/2022 – Select Review: Add criteria for use in metastatic NSCLC in combination with tremelimumab-actl (Imjudo) and platinum based chemotherapy. Coding Reviewed: No changes.
- 11/18/2022 – Select Review: Add criteria for use in unresectable hepatocellular cancer in combination with tremelimumab (Imjudo) as initial therapy and monotherapy thereafter until disease progression or unacceptable toxicity. Coding Reviewed: Added ICD-10-CM C22.0.
- 09/12/2022 – Select Review: Add criteria for use in FDA approval for use in Locally advanced or metastatic biliary tract cancer. Coding Reviewed: Added ICD-10-CM C24.0, C24.1, C24.8, C24.9.
- 02/25/2022 – Annual Review: No changes. Coding Reviewed: No changes.
- 03/15/2021 – Select Review: Update criteria to remove indication for urothelial cancer per FDA label. Coding Reviewed: Removed ICD-10-CM C68.0, C61, C65.1-C65.9, C66.1-C66.9, C67.0-C67.9, Z85.51, Z85.53-Z85.54.
- 02/19/2021 – Annual Review: Updated references. Coding Reviewed: No changes.
- 02/21/2020 – Annual Review: Update criteria to add indication for SCLC per NCCN recommendations. Update criteria regarding conditions that are excluded for consistency. Coding Reviewed: No changes.
- 08/16/2019 – Select Review: Minor wording and formatting changes. Coding Reviewed: No changes.
- 05/17/2019 – Annual Review: Initial review of Imfinzi (durvalumab). Wording and formatting changes. Coding reviewed: Added Z92.21, Z92.3.

References

1. Antonia SJ, Villegas A, Daniel D, et al. Overall survival with Durvalumab after Chemoradiotherapy in Stage III NSCLC. N Engl J Med 2018; 379: 2342-2350.
2. Cheng Y, Spigel D, Cho BC, et al. Durvalumab after Chemoradiotherapy in Limited-Stage Small-Cell Lung Cancer. N Engl J Med 2024;39;1313-1327.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: March 27, 2025.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Gray JE, Villegas A, Daniel D, et.al. Three-Year Overall Survival with Durvalumab after Chemoradiotherapy in Stage III NSCLC-Update from PACIFIC. J Thorac Oncol 2020; 15: 288-293.
6. Hui R, Ozguroglu M, Villegas A., et al. Patient-reported outcomes with durvalumab after chemoradiotherapy in stage III, unresectable non-small cell lung cancer (PACIFIC): a randomized, controlled, phase 3 study. Lancet Oncol 2019:20:1670-1680.
7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
8. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on April 4, 2025
    a. Ampullary adenocarcinoma. V2.2025. Revised January 10, 2025.
    b. Biliary Tract Cancers. V1.2025. Revised March 20, 2025.
    c. Cervical Cancer. V4.2025. Revised March 24, 2025.
    d. Esophageal and Esophagogastric Junction Cancers. V2.2025. March 25, 2025.
    e. Gastric Cancer. V2.2025. Revised April 4, 2025.
    f. Hepatocellular Carcinoma. V1.2025. Revised March 20, 2025.
    g. Non-Small Cell Lung Cancer. V3.2025. Revised January 14, 2025.
    h. Small Cell Lung Cancer. V4.2025. Revised January 13, 2025.
    i. Uterine Neoplasms. V3.2025. Revised March 7, 2025.
9. Powles T, van der Heijden MS, Castellano D, et al; DANUBE study investigators. Durvalumab alone and durvalumab plus tremelimumab versus chemotherapy in previously untreated patients with unresectable, locally advanced or metastatic urothelial carcinoma (DANUBE): a randomised, open-label, multicentre, phase 3 trial. *Lancet Oncol*. 2020;21(12):1574-1588. doi:10.1016/S1470-2045(20)30541-6.
10. Spigel DR, et al. ADRIATIC: durvalumab (D) as consolidation treatment (tx) for patients (pts) with limited-stage small-cell lung cancer (LS-SCLC). *J Clin Oncol* 42(suppl 17): LBA5. doi:10.1200/JCO.2024.42.17_suppl.LBA5.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.