SUMMARY

durvalumab - tremelimumab

IMFINZI 50 mg/ml & TREMELIMUMAB ASTRAZENECA 20 mg/ml,

concentrate for solution for infusion

New indication and First assessment

Original French opinion adopted by the Transparency Committee on 30 August 2023

The legally binding text is the original French opinion version

Transparency Committee's conclusions

Clinical Benefit

- Metastatic non-small cell lung cancer (NSCLC) is a serious and life-threatening disease.
- The IMFINZI – TREMELIMUMAB ASTRAZENECA (durvalumab/tremelimumab) combination is a curative treatment.
- The efficacy/adverse effects ratio is modest, given:
  - an increased toxicity compared to chemotherapy, with 44% of patients having a serious adverse event, 65.8% of patients with a grade ≥ 3 adverse event, the need to permanently discontinue treatment for 22% of patients, and the occurrence of immune-mediated adverse events, with an increased frequency compared to single-agent immunotherapy alone,
  - the impossibility of assessing the efficacy and safety of this dual immunotherapy combined with chemotherapy compared to single-agent immunotherapy combined or otherwise with chemotherapy.
- There are therapeutic alternatives, in particular pembrolizumab (as monotherapy or in combination with chemotherapy), which has demonstrated its superiority over chemotherapy alone in terms of overall survival, with an acceptable safety profile.
- This is a first-line treatment option for adults with metastatic non-small cell lung cancer (NSCLC) with no sensitising EGFR mutations or ALK positive mutations. Its role in relation to the other

medicinal alternatives cannot be determined at this stage of the submission, in particular compared to pembrolizumab, given the methodological limitations of the indirect comparison provided.

➔ Public health benefit

Considering:

- the seriousness of NSCLC, particularly at the metastatic stage,
- the incidence of the disease,
- the partially met medical need,
- the partial response to the identified need,
- the lack of demonstrated impact on quality of life,
- the absence of data enabling assessment of the additional impact on the organisation of care,

The IMFINZI (durvalumab) and TREMELIMUMAB ASTRAZENECA (tremelimumab) combination is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of the IMFINZI (durvalumab) and TREMELIMUMAB ASTRAZENECA (tremelimumab) combination is moderate in the MA indications.

The Committee issues a favourable opinion for inclusion of the IMFINZI (durvalumab) and TREMELIMUMAB ASTRAZENECA (tremelimumab) combination in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the MA indications and at the MA dosages.

Clinical Added Value

Considering:

- demonstration of the superiority of durvalumab-tremelimumab in combination with platinum-based chemotherapy compared to chemotherapy alone in patients who have not received prior therapy for metastatic non-small cell lung cancer (NSCLC), in terms of overall survival (HR = 0.77; $CI_{95\%}$ [0.650; 0.916], p=0.00304) with a point estimate of an absolute gain of 2.3 months in a randomised, open-label, phase 3 study;

and despite:

- a comparator (chemotherapy) that was not optimal on the date of the assessment;
- the impossibility of quantifying the contribution of this combination compared to the available alternatives and hence of determining its precise role in the care pathway;
- the safety profile marked by increased serious adverse events (44.2%), grade ≥ 3 adverse events (65.8%), permanent discontinuation of treatment due to an adverse event (22.1%) and immune-mediated AEs (33.6%);
- the lack of demonstrated impact on quality of life;

the Committee deem that the IMFINZI (durvalumab) and TREMELIMUMAB ASTRAZENECA (tremelimumab) combination in combination with platinum-based chemotherapy provides a minor clinical added value (CAV IV) compared to chemotherapy alone, in the same way as the OPDIVO/YERVOY (nivolumab/ipilimumab) combination, in the first-line treatment of

adults with metastatic non-small cell lung cancer (NSCLC) with no sensitising EGFR mutations or ALK positive mutations.