SUMMARY

durvalumab - tremelimumab

IMFINZI 50 mg/ml & IMJUDO 20 mg/ml

concentrate for solution for infusion

First assessment

Original French opinion adopted by the Transparency Committee on 24 May 2023

The legally binding text is the original French opinion version

Transparency Committee's conclusions

Clinical Benefit

- Hepatocellular carcinoma is a serious, life-threatening disease in the short term.
- This is a curative treatment.
- The efficacy/adverse effects ratio is high in patients who have not received prior systemic therapy, with preserved hepatic function (Child-Pugh A), an ECOG score of 0 or 1, and not eligible for locoregional therapies or in the event of failure of one of these therapies.
- It is an additional first-line treatment option in patients with advanced or unresectable hepatocellular carcinoma, who have not received prior systemic therapy, with preserved hepatic function (Child-Pugh A), an ECOG score of 0 or 1, and not eligible for locoregional therapies or in the event of failure of one of these therapies. This combination has no role in the other situations of the MA indication in the absence of clinical data.

  Given the absence of comparative data, the role of the IMFINZI (durvalumab) and IMJUDO (tremelimumab) combination versus the atezolizumab and bevacizumab combination cannot be specified.

- **Public health benefit**

Considering:

- the seriousness of advanced or unresectable hepatocellular carcinoma,
- the partially met medical need,

- the partial response provided by the IMFINZI (durvalumab) and IMJUDO (tremelimumab) combination to the partially met medical need, due to demonstration of its superiority compared to sorafenib on overall survival,
- 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 IMJUDO (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 IMJUDO (tremelimumab) combination is:

- **substantial in the first-line treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC), only in patients with preserved hepatic function (Child-Pugh A), an ECOG score of 0 or 1, and not eligible for locoregional therapies or in the event of failure of one of these therapies;**
- **insufficient in other situations to justify public funding cover.**

The Committee issues a favourable opinion for inclusion of the IMFINZI (durvalumab) and IMJUDO (tremelimumab) combination in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the indication "first-line treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC), only in patients with preserved hepatic function (Child-Pugh A), an ECOG score of 0 or 1, and not eligible for locoregional therapies or in the event of failure of one of these therapies" and at the MA dosages.

The Committee issues an unfavourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the other situations.

Clinical Added Value

➔ Within the reimbursement scope

Considering:

- demonstration of a superiority of the IMFINZI (durvalumab) and IMJUDO (tremelimumab) combination compared to sorafenib in terms of overall survival (HR = 0.78; $CI_{95\%}$ [0.66; 0.92]; p = 0.0035), with a point estimate of an absolute gain of 2.66 months in a randomised, open-label phase 3 study,

and despite:

- a toxicity profile marked primarily by an excess of serious adverse events (40.5% in the D+T 300 mg group and 29.7% in the S group), in particular immune-mediated SAEs,
- uncertainties with respect to the transposability of the results of the pivotal study to French patients (patients predominantly native to Asia, in whom the distribution of hepatocarcinoma aetiologies does not correspond to French epidemiological conditions),
- the lack of demonstrated impact on quality of life,
- the impossibility of defining the precise role of this treatment combination compared to the atezolizumab - bevacizumab combination, both developed concomitantly,

the Committee considers that the IMFINZI (durvalumab) and IMJUDO (tremelimumab) combination provides a minor clinical added value (CAV IV) compared to sorafenib in the first-line

treatment of adult patients with advanced or unresectable hepatocellular carcinoma (CHC), only in patients with preserved hepatic function (Child-Pugh A), an ECOG score of 0 or 1, and not eligible for locoregional therapies or in the event of failure of one of these therapies.

➔ **Within the scope included in the MA but not retained for reimbursement:**

Not applicable.