Healthcare Improvement Scotland | SMC Advice on new medicines

Advice document
SMC2734

durvalumab 50 mg/mL concentrate for solution for infusion (Imfinzi®)

AstraZeneca UK Ltd

10 January 2025

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and, following review by the SMC executive, advises NHS Boards and Area Drug and Therapeutics Committees (ADTCs) on its use in NHSScotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

durvalumab (Imfinzi®) is accepted for use within NHSScotland.

Indication under review: in combination with etoposide and either carboplatin or cisplatin for the first-line treatment of adults with extensive-stage small cell lung cancer (ES-SCLC).

Durvalumab offers an additional treatment choice in the therapeutic class of PD-1 / PD-L1 (Programmed cell death protein 1 / death ligand 1) inhibitors.

Another PD-1 / PD-L1 inhibitor was accepted for use under the end of life and orphan process.

This advice applies only in the context of approved NHSScotland Patient Access Scheme (PAS) arrangements delivering the cost-effectiveness results upon which the decision was based, or PAS/ list prices that are equivalent or lower.

Chair
Scottish Medicines Consortium

1. Clinical Context

1.1. Medicine background

Durvalumab is a PD-1 / PD-L1 inhibitor licensed in combination with etoposide and either carboplatin or cisplatin for the first-line treatment of adults with extensive-stage small cell lung cancer (ES-SCLC). It is administered by intravenous infusion. The recommended dose is 1,500 mg in combination with chemotherapy every 3 weeks (21 days) for 4 cycles, followed by 1,500 mg every 4 weeks as monotherapy. Durvalumab is administered as monotherapy until disease progression or unacceptable toxicity. Patients with a body weight of 30 kg or less must receive weight-based dosing of durvalumab at 20 mg/kg, in combination with chemotherapy dose every 3 weeks (21 days), followed by 20 mg/kg every 4 weeks as monotherapy until weight increases to greater than 30 kg. Refer to the Summary of Product Characteristics.[1]

1.2. Relevant comparator

Atezolizumab (Tecentriq®) is another PD-1 / PD-L1 inhibitor within the same therapeutic class as durvalumab. Atezolizumab is accepted for use within NHSScotland in combination with carboplatin and etoposide for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC) (SMC2279). The marketing authorisation for durvalumab allows either cisplatin or carboplatin to be given as platinum-based chemotherapy, however atezolizumab is licensed only in combination with carboplatin.[2]

2. Summary of Clinical Evidence

2.1. Evidence to support comparable efficacy with relevant comparators

The clinical effectiveness of durvalumab in ES-SCLC is supported by evidence from the phase 3, randomised, open-label CASPIAN study. Male and female patients (n=805) aged at least 18 years with treatment-naïve ES-SCLC were randomised to durvalumab plus platinum-etoposide (EP) (n=268); durvalumab plus tremelimumab plus EP (n=268); or EP alone (n=269). Randomisation was stratified according to planned platinum (cisplatin or carboplatin). The durvalumab + tremelimumab + EP arm is not relevant to this submission and results are not presented here.[3-5] The treatment groups were well balanced with respect to baseline demographic and disease characteristics. The primary endpoint was overall survival (OS) in the intention-to-treat population. There was an observed OS benefit with durvalumab + EP versus EP alone that was sustained at all data cut offs. In the primary analysis (median follow up 14.2 months), the hazard ratio (HR) for OS was 0.73 (95% CI 0.59 to 0.91; p = 0.0047). The OS benefit was consistent across pre-specified subgroups, including planned platinum, at the 3-year follow up.[4]

In the absence of direct evidence comparing durvalumab + EP versus atezolizumab + EP for first-line treatment of ES-SCLC, the company conducted an indirect treatment comparison (ITC), using the Bucher method. In the ITC, data for durvalumab + EP were from the CASPIAN study. Data for atezolizumab + EP were from IMPower133, a randomised, double-blind, phase III study which compared atezolizumab plus carboplatin and etoposide with placebo plus

carboplatin and etoposide in 403 previously untreated patients with ES-SCLC.[6, 7] CASPIAN and IMPower133 were connected by the common comparator carboplatin and etoposide; in CASPIAN participants received either carboplatin (78%) or cisplatin (25%) as platinum therapy based on investigator's choice. The base case analyses assumed equivalence between cisplatin and carboplatin and pooled the therapies in the EP arms of the studies. Outcomes included in the ITC were OS, progression-free survival (PFS) and treatment-related adverse events (TRAEs). The results of the ITC suggest no significant difference between the treatments in OS. Results from the scenario analyses for each outcome without the assumption of platinum equivalence were consistent with the base case analyses.

The results of the ITC provide reasonable assurance that the clinical effectiveness of durvalumab + EP is similar to that of atezolizumab + EP for the first-line treatment of ES-SCLC.

3. Company Estimate of Eligible Population, Uptake and Budget Impact

3.1. Company's number of patients assumed to be eligible for treatment

The company estimated that there would be 8 patients eligible for treatment with durvalumab in year 1, rising to 38 patients in year 5.

3.2. Budget Impact assumption

Medicines reviewed under the abbreviated submissions process are estimated to have a limited net budget impact and resource allocation across NHS Scotland.

References

1. AstraZeneca UK Limited. Durvalumab 50 mg/mL concentrate for solution for infusion (Imfinzi®). Summary of product characteristics. Electronic Medicines Compendium www.medicines.org.uk/emc/ Last updated 23 September 2024.
2. Roche Products Ltd. Atezolizumab 1,200 mg concentrate for solution for infusion (Tecentriq®) Summary of product characteristics. Electronic Medicines Compendium www.medicines.org.uk/emc/ Last updated 4 September 2024.
3. Goldman JW, Dvorkin M, Chen Y, Reinmuth N, Hotta K, Trukhin D*, et al.* Durvalumab, with or without tremelimumab, plus platinum-etoposide versus platinum-etoposide alone in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): updated results from a randomised, controlled, open-label, phase 3 trial. The Lancet Oncology. 2021;22(1):51.
4. Paz-Ares L, Chen Y, Reinmuth N, Hotta K, Trukhin D, Statsenko G*, et al.* Durvalumab, with or without tremelimumab, plus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer: 3-year overall survival update from CASPIAN. ESMO Open. 2022;7(2):100408. Epub 20220310.
5. Paz-Ares L, Dvorkin M, Chen Y, Reinmuth N, Hotta K, Trukhin D*, et al.* Durvalumab plus platinum–etoposide versus platinum–etoposide in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): a randomised, controlled, open-label, phase 3 trial. The Lancet. 2019;394(10212):1929-39.
6. Horn L, Mansfield AS, Szczęsna A, Havel L, Krzakowski M, Hochmair MJ*, et al.* First-line atezolizumab plus chemotherapy in extensive-stage small-cell lung cancer. New England Journal of Medicine. 2018;379(23):2220-9.
7. Reck M, Liu SV, Mansfield AS, Mok TSK, Scherpereel A, Reinmuth N*, et al.* IMpower133: Updated overall survival (OS) analysis of first-line (1L) atezolizumab (atezo)+ carboplatin+ etoposide in extensive-stage SCLC (ES-SCLC). Annals of Oncology. 2019;30:v710-v1.

This assessment is based on data submitted by the applicant company up to and including **18 December 2024.**

Medicine prices are those available at the time the papers were issued to SMC for consideration. SMC is aware that for some hospital-only products national or local contracts may be in place for comparator products that can significantly reduce the acquisition cost to Health Boards. These contract prices are commercial in confidence and cannot be put in the public domain, including via the SMC Detailed Advice Document. Area Drug and Therapeutics Committees and NHS Boards are therefore asked to consider contract pricing when reviewing advice on medicines accepted by SMC.

Patient access schemes: A patient access scheme is a scheme proposed by a pharmaceutical company in order to improve the cost-effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines. A Patient Access Scheme Assessment Group (PASAG), established under the auspices of NHS National Services Scotland reviews and advises NHSScotland on the feasibility of proposed schemes for implementation. The PASAG operates separately from SMC in order to maintain the integrity and independence of the assessment process of the SMC. When SMC accepts a medicine for use in NHSScotland on the basis of a patient access scheme that has been considered feasible by PASAG, a set of guidance notes on the operation of the scheme will be circulated to Area Drug and Therapeutics Committees and NHS Boards prior to publication of SMC advice.

Advice context:

No part of this advice may be used without the whole of the advice being quoted in full.

This advice is based on the estimation of at least similar comparative efficacy and limited net budget impact compared with other medicinal products, within the same therapeutic class, that are in routine use within NHSScotland.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after evaluation of the evidence submitted by the company. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.