6.11 DURVALUMAB
Solution concentrate for I.V. infusion 500 mg in 10mL, Imfinzi®,
AstraZeneca Pty Ltd.

1 Purpose of Application

1.1 The Category 3 submission requested a separate new listing specific to 1500 mg administered every four weeks (herein referred to as Q4W regimen).

2 Background

Registration status

Durvalumab was registered in the Australian Register of Therapeutic Goods (ARTG) on 2 October 2018 for the treatment of unresectable Stage III, non-small cell lung cancer (NSCLC). The ARTG registration was updated on 27 October 2021 to include the durvalumab 1500 mg Q4W regimen for NSCLC, in addition to the 10 mg/kg every two weeks dosing regimen (herein referred to as Q2W regimen).

Current status

Durvalumab is currently available on the PBS as 120 mg/2.4 mL and 500 mg/10 mL intravenous infusion, with a maximum amount of 1200 mg and 8 repeat prescriptions to support Q2W administration.

For more detail on PBAC's view, see section 5 PBAC outcome.

3 Requested listing

The requested listing is presented below. Suggested additions are in *italics* and deletions are in strikethrough.

MEDICINAL PRODUCT Form	**PBS item code**	**Max. Amount**	**№.of Rpts**	**Manufacturer**
DURVALUMAB Injection	11915D (Public) 11911X (Private)	~~1200 mg~~ *1500 mg*	~~8~~ *4*	AstraZeneca Pty Ltd
Available brands				
Imfinzi (durvalumab 120 mg/2.4 mL injection, 2.4 mL vial)				
Imfinzi (durvalumab 500 mg/10 mL injection, 10 mL vial)				
Restriction Summary / Treatment of Concept: UNCHANGED				
	Category / Program: Section 100 – Efficient Funding of Chemotherapy Public/Private hospitals			
	Prescriber type: ☒ Medical Practitioners			

	Restriction type: ☒ Authority Required – STREAMLINED
	~~**Administrative Advice:** No increase in the maximum number of repeats may be authorised.~~
	Administrative Advice: Special Pricing Arrangements apply.
	Indication: Unresectable Stage III non-small cell lung cancer
	Treatment Phase: Initial treatment
	Clinical criteria:
	Patient must have received platinum based chemoradiation therapy
	AND
	Clinical criteria:
	The condition must not have progressed following platinum based chemoradiation therapy
	AND
	Clinical criteria:
	Patient must have a WHO performance status of 0 or 1
	AND
	Clinical criteria:
	Patient must not have previously received PBS-subsidised treatment with this drug for this condition
	AND
	Clinical criteria:
	The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition
Restriction Summary / ToC: UNCHANGED	
	Restriction type: ☒ Authority Required – STREAMLINED
	Indication: Unresectable Stage III non-small cell lung cancer
	Treatment Phase: Continuing treatment
	Clinical criteria:
	Patient must have previously received PBS-subsidised treatment with this drug for this condition
	AND
	Clinical criteria:
	Patient must not have developed disease progression while being treated with this drug for this condition
	AND
	Clinical criteria:
	The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition
	AND
	Clinical criteria:
	The treatment must not exceed 12 months in total for this condition under the initial and continuing restriction combined
	AND
	Clinical criteria:
	The treatment must be once in a lifetime with this drug for this condition

For more detail on PBAC's view, see section 5 PBAC outcome.

4 Consideration of the evidence

Sponsor hearing

4.1 There was no hearing for this item.

Consumer comments

4.2 The PBAC noted and welcomed the input from the Lung Foundation Australia and Rare Cancers Australia in support of the durvalumab 1500 mg Q4W regimen for NSCLC via the Consumer Comments facility on the PBS website.

4.3 The comments from both the Lung Foundation Australia and Rare Cancers Australia highlighted that listing of the durvalumab 1500 mg Q4W regimen for NSCLC on the PBS would: provide clinicians and patients with a simplified treatment option; reduce costs to health systems and services; reduce the risk of complications of death related to incorrect dosage or exposure of immunocompromised patients to COVID-19 or other diseases in the hospital/clinic setting; reduce the economic and social burden experienced by patients travelling less frequently to receive treatment; strengthen the respiratory health of the Australian community and improve compliance and quality of life.

Economic analysis

The submission presented a cost-minimisation approach comparing the cost of the Q4W regimen to the Q2W regimen. The submission proposed no change to the population eligible for the Q2W regimen.

The proposed dispensed price for maximum amount (DPMA) and approved ex-manufacturer price (AEMP) for the Q4W and Q2W regimens are presented in the Table 1 below.

Table 1: Proposed DPMA and AEMP for Q4W and Q2W regimens

Durvalumab	Max. Amount	№.of Rpts	DPMA, published Public Hospital (Item code 11911X)	DPMA, published Private Hospital (Item code 11915D)	Current AEMP, published (effective)
500 mg/10 mL; 10 mL 120 mg/2.4 mL; 10 mL	*1200 mg** (Q2W)	8	$9,626.28	$9,800.91	$3,975.00 ($[redacted]) $954 ($[redacted])
500 mg/10 mL; 10 mL	1500 mg (Q4W)	4	$12,011.28 (Item code New)	$12,219.26 (Item code New)	$3,975.00 ($[redacted])

Source: Table 1.1 and 1.2 of Submission main document, *=the submission stated 1240 mg however the PBS listing is 1200 mg, DPMA=dispensed price for maximum amount, AEMP= approved ex-manufacturer price.

The submission used the current effective AEMP to estimate the treatment costs per patient per month of Q4W (1500 mg durvalumab) and Q2W (760.6 mg = weighted average dose based on PBS utilisation data from 10% Medicare PBS statistics data).

The submission estimated that the Q4W regimen would cost $ per patient per month compared to $, the estimated cost of Q2W patient per month (Table 2). The submission noted that the Q4W regimen costs 9.1% less than the Q2W regimen assuming an average patient weight of 76.06 kg.

The current mean dose of durvalumab is 754 mg. Patients who are receiving a weight-based dose regimen of less than 750 mg Q2W would be receiving a higher monthly dose under the proposed 1500 mg Q4W regimen.

Table 2: Comparison of total treatment costs per patient per month between Q4W and Q2W

Costs per patient per one month of treatment	Durvalumab 1500 mg Q4W	Durvalumab (10mg/kg) Q2W
Average patient kg	n/a	76.06 kg
Average durvalumab mg's/infusion	1500 mg	760.6 mg
No of infusions per month	1.09	2.17
Effective AEMP drug cost	$	$
Mark up costs,(weighted public/private)	$	$
Administration (IV infusion) costs	$122.18	$244.37
Total cost (at effective DPMA)	$	$
Total cost (at effective DPMA) difference to fixed dose regimen	-	$
% difference in total cost (at effective DPMA) compared to fixed dose regimen	-	9.1%

Source: Table 3.4 of the submission main document and durvalumab cost min model workbook, DPMA=dispensed price for maximum amount, AEMP= approved ex-manufacturer price.

As a Category 3 submission, the economic analysis has not been independently evaluated.

Estimated PBS utilisation and financial implications

The submission used a market share approach against Q2W to estimate the utilisation and financial implications to the Government of adding the Q4W regimen to the PBS for NSCLC.

The submission assumed that the market share of Q4W would be 30% in Year 1 (2022) increasing to 75% by Year 4. The submission stated that the market share assumptions were based on consultation with oncologists. The PBAC considered limited details were provided in the submission on the number of oncologists contributing advice and their level of experience in treating NSCLC.

4.4 The submission estimated a saving to the PBS of $0 to < $10 million in Year 6 of listing, with a total net saving to the PBS of $10 million to < $20 million over the first 6 years of listing. This is summarised in Table 3.

Table 3: Estimated use and financial implications for durvalumab 1500 mg Q4W

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Market share of durvalumab						
10 mg/kg Q2W	70%	40%	30%	25%	25%	25%
1500 mg Q4W	30%	60%	70%	75%	75%	75%
Estimated total number of durvalumab 10 mg/kg Q2W scripts						
before listing durvalumab 1500 mg Q4W	[redacted][1]	[redacted][1]	[redacted][1]	[redacted][1]	[redacted][1]	[redacted][1]
after listing durvalumab 1500 mg Q4W	[redacted][2]	[redacted][6]	[redacted][6]	[redacted][6]	[redacted][6]	[redacted][6]
Total number of durvalumab 1500 mg Q4W scripts dispensed						
	[redacted][3]	[redacted][6]	[redacted][6]	[redacted][6]	[redacted][6]	[redacted][6]
Estimated financial implications of durvalumab fixed dose 1500 mg Q4W						
Cost to PBS/RPBS less copayments ($)	[redacted][4]	[redacted][7]	[redacted][7]	[redacted][8]	[redacted][8]	[redacted][8]
Estimated financial implications for durvalumab 10 mg/kg Q2W						
Cost to PBS/RPBS less copayments ($)	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]
Net financial implications						
Net cost to PBS/RPBS ($)	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]
Net cost to MBS ($)	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]
Net cost to Government ($)	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]	-[redacted][5]

Source: Financial table workbook (Durvalumab_UCM) supplied with the submission

The redacted values correspond to the following ranges:

[1] *20,000 to < 30,000*

[2] *10,000 to < 20,000*

[3] *500 to < 5,000*

[4] *$10 million to < $20 million*

[5] *net cost saving*

[6] *5,000 to < 10,000*

[7] *$30 million to < $40 million*

[8] *$40 million to < $50 million*

4.5 The submission considered the main source of uncertainty was the uptake rates for the Q4W regimen. The submission stated no sensitivity analysis was conducted on uptake rates because the Q4W regimen represents a cost savings to the Government and the financial risk is negligible. The PBAC considered the proposed uptake rates of the Q4W regimen were reasonable.

4.6 As a Category 3 submission, the financial estimates have not been independently evaluated.

Risk Sharing Arrangements

4.7 Durvalumab is subject to risk sharing arrangement (RSA). Subsidisation caps for locally advanced/metastatic NSCLC are shared between PD-(L)1 therapies.

For more detail on PBAC's view, see section 5 PBAC outcome.

5 PBAC Outcome

5.1 The PBAC recommended the listing of the durvalumab 1500 mg Q4W regimen for the treatment of NSCLC.

5.2 The PBAC considered creating a separate listing with a maximum amount of 1500 mg and four repeats to provide for 1500 mg Q4W dosing may lead to unnecessary complexity and potential ambiguity in the listings. Instead, the PBAC recommended amending the existing listing as follows:

- Increase the maximum amount from 1200 mg to 1500 mg.
- Reduce the number of repeats from 8 to 4.
- remove administrative advice: 'No increase in the maximum number of repeats may be authorised'.

5.3 The PBAC considered the market share estimates were reasonable and, due to the small cost differences, were unlikely to have a significant impact on the overall financial impact.

The PBAC noted durvalumab 1500 mg Q4W regimen for the treatment of NSCLC is not expected to provide a substantial and clinically relevant improvement in efficacy, or reduction of toxicity, or not expected to address a high and urgent unmet clinical need given the presence of an alternative therapy, the criteria prescribed by the *National Health (Pharmaceuticals and Vaccines – Cost Recovery) Regulations 2009* for Pricing Pathway A were not met.

5.4 The PBAC noted that this submission is not eligible for an Independent Review as it received a positive recommendation.

Outcome:

Recommended

6 Recommended listing

6.1 Amend existing listing as follows:

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Available brands				
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Imfinzi (durvalumab 500 mg/10 mL injection, 10 mL vial)				
Restriction Summary / Treatment of Concept:				

	Category / Program: Section 100 – Efficient Funding of Chemotherapy Public/Private hospitals
	Prescriber type: ☒ Medical Practitioners
	Restriction type: ☒ Authority Required – STREAMLINED
	~~**Administrative Advice:** No increase in the maximum number of repeats may be authorised.~~
	Administrative Advice: Special Pricing Arrangements apply.
	Indication: Unresectable Stage III non-small cell lung cancer
	Treatment Phase: Initial treatment
	Clinical criteria:
	Patient must have received platinum based chemoradiation therapy
	AND
	Clinical criteria:
	The condition must not have progressed following platinum based chemoradiation therapy
	AND
	Clinical criteria:
	Patient must have a WHO performance status of 0 or 1
	AND
	Clinical criteria:
	Patient must not have previously received PBS-subsidised treatment with this drug for this condition
	AND
	Clinical criteria:
	The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition
Restriction Summary / ToC:	
	Restriction type: ☒ Authority Required – STREAMLINED
	Indication: Unresectable Stage III non-small cell lung cancer
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	AND
	Clinical criteria:
	Patient must not have developed disease progression while being treated with this drug for this condition
	AND
	Clinical criteria:
	The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition
	AND
27867	**Clinical criteria:**
27868	The treatment must not exceed 12 months in total for this condition under the initial and continuing restriction combined
	AND
21045	**Clinical criteria:**
21044	The treatment must be once in a lifetime with this drug for this condition

This restriction may be subject to further review. Should there be any changes made to the restriction the Sponsor will be informed.

7 Context for Decision

The PBAC helps decide whether and, if so, how medicines should be subsidised through the Pharmaceutical Benefits Scheme (PBS) in Australia. It considers applications regarding the listing of medicines on the PBS and provides advice about other matters relating to the operation of the PBS in this context. A PBAC decision in relation to PBS listings does not necessarily represent a final PBAC view about the merits of the medicine or the circumstances in which it should be made available through the PBS. The PBAC welcomes applications containing new information at any time.

8 Sponsor's Comment

The sponsor had no comment.