CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Durvalumab (Imfinzi) for Non-Small Cell Lung Cancer (pCODR 10131)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: May 21, 2019

This information is current as of July 1, 2020.

Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
BC	Funded	Feb 1, 2020	Stage III unresectable NSCLC • No disease progression following prior treatment with at least 2 cycles of platinum-based chemotherapy given concurrently with radiation (e.g., LULAPERT, LULAPE2RT, LULACATRT) • ECOG 0-1 • Adequate hepatic and renal function ▫ Access to a treatment centre with expertise to manage immune-mediated adverse reactions of durvalumab • BC Cancer Compassionate Access Program (CAP) approval must be obtained • Note: patients may have subsequent checkpoint inhibitors provided the last dose of durvalumab was > 6 months. They are not eligible if they progressed on durvalumab.
AB	Funded	Apr 10, 2020	For the treatment of patients with locally advanced, unresectable stage III non-small cell lung cancer (NSCLC) who do not have disease progression following curative intent platinum-based concurrent chemoradiation therapy. Treatment should continue until unacceptable toxicity or disease progression to a maximum of 12 months.
SK	Funded	Jan 1, 2020	•Treatment of patients with locally advanced, unresectable stage III non-small cell lung cancer (NSCLC) following curative intent platinum-based concurrent chemoradiation therapy. •Eligible patients include those with good performance status who are deemed fit following curative intent platinum-based concurrent chemoradiation therapy •Treatment may continue until unacceptable toxicity or disease progression to a maximum of 12 months Additional clarifications for use and funding of Durvalumab are noted below:

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
			•Patients must have received at least 2 cycles of platinum-based chemotherapy concurrently with definitive radiation therapy (note: defined as a target dose of 54 to 66 Gy in the PACIFIC trial) •Requests for use of Durvalumab following sequential chemoradiation therapy will not be approved •Durvalumab should start within 6 weeks following completion of concurrent chemoradiation therapy, and after confirmation there has been no disease progression; initiation of Durvalumab after the 6 week interval will be considered on a case-by-case basis if additional time is required for patients recovering from unresolved toxicities •For patients who have dose interruptions and subsequently resume therapy, Durvalumab may continue for up to a maximum of 12 months from the time of treatment initiation •Therapy should be discontinued prior to 12 months if there is confirmation of local disease progression or development of metastatic disease •Imaging for disease assessment is required at least every 3 months, or more frequently as clinically indicated •Patients will be eligible for PD-1/PD-L1 inhibitor therapy in the metastatic setting only if there has been at least a 6 month progression-free interval between completion of Durvalumab and confirmation of disease progression.
MB	Funded	Dec 16, 2019	For the treatment of patients with locally advanced, unresectable stage III non-small cell lung cancer (NSCLC) following curative intent platinum-based concurrent chemoradiation therapy. Patients should have good performance status who are deemed fit following curative intent platinum-based concurrent chemoradiation therapy. Treatment should continue until unacceptable or disease progression to a maximum of 12 months.
ON	Funded	Jan 22, 2020	• Durvalumab is used for the treatment of patients with locally advanced, unresectable stage III non-small cell lung cancer (NSCLC) following curative intent platinum-based concurrent chemoradiation therapy. • Treatment with durvalumab should be initiated within 6 weeks of completion of concurrent chemoradiation. Durvalumab is funded up to a maximum of 12 months (or equivalent therapy), or until disease progression or unacceptable toxicity, whichever occurs first. • Patients who discontinue durvalumab without disease progression and have a disease-free

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
			interval of 6 months or greater may be eligible for one line of atezolizumab, nivolumab, or pembrolizumab for advanced NSCLC.
NS	Funded	Feb 1, 2020	For the treatment of patients with locally advanced, unresectable stage III non-small cell lung cancer (NSCLC) following curative intent platinum-based concurrent chemoradiation therapy. Patients must have a good performance status and be deemed fit following curative intent platinum-based concurrent chemoradiation therapy. Treatment should continue until unacceptable toxicity or disease progression to a maximum of 12 months. Treatment with durvalumab should be started within six weeks of the completion of combined chemoradiation therapy, and after confirmation that there has been no disease progression. Initiation after the 6 week interval will be acceptable if additional time is required for patients recovering from unresolved toxicities.
NB	Funded	Mar 20, 2020	For the treatment of patients with locally advanced unresectable stage III non-small cell lung cancer following curative intent platinum-based concurrent chemoradiation therapy. Patients must have a good performance status and be deemed fit following curative intent platinum-based concurrent chemoradiation therapy. Treatment should be discontinued upon disease progression, unacceptable toxicity or, a maximum of 12 months, whichever occurs first.
NL	Funded	Jun 1, 2020	• Locally advanced, unresectable stage III non-small cell lung cancer following curative intent platinum-based concurrent chemoradiation therapy • Patients must have good performance status and be deemed fit following curative intent platinum-based concurrent chemoradiation therapy • Treatment may continue until unacceptable toxicity or disease progression to a maximum of 12 months
PEI	Under provincial consideration		

Under provincial consideration means that the province is reviewing pCODR's recommendation. This may include the province working with the drug manufacturer to reach an agreement for a drug product that both parties can accept, in particular in cases where the pCODR Expert Review Committee has recommended that the drug be funded only on the condition of cost-effectiveness being improved to an acceptable level. This may occur before or after the pan-Canadian Pharmaceutical Alliance negotiations.

Please contact the specific provincial drug program and/or cancer agency in your province for information about the status of a given drug product.