Imfinzi®	Ex-factory price excl. VAT	Reimbursed
500 mg/10 ml	€2.487,69	100%
120 mg/2,4 ml	€597,05	

ESSENTIAL INFORMATION. ▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 'Undesirable effects' for how to report adverse reactions. **1. NAME OF THE MEDICINAL PRODUCT.** IMFINZI 50 mg/mL concentrate for solution for infusion. **2. QUALITATIVE AND QUANTITATIVE COMPOSITION.** Each mL of concentrate for solution for infusion contains 50 mg of durvalumab. One vial of 2.4 mL of concentrate contains 120 mg of durvalumab. One vial of 10 mL of concentrate contains 500 mg of durvalumab. Durvalumab is produced in mammalian (Chinese hamster ovary) cells by recombinant DNA technology. For the full list of excipients, see section 'List of excipients' of the SPC. **3. PHARMACEUTICAL FORM.** Concentrate for solution for infusion (sterile concentrate). Clear to opalescent, colourless to slightly yellow solution, free from visible particles. The solution has a pH of approximately 6.0 and an osmolality of approximately 400 mOsm/kg. **4. CLINICAL PARTICULARS. 4.1 Therapeutic indications.** IMFINZI as monotherapy is indicated for the treatment of locally advanced, unresectable non-small cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on ≥ 1% of tumour cells and whose disease has not progressed following platinum-based chemoradiation therapy (see section 'Pharmacodynamic properties' of the SPC). IMFINZI in combination with etoposide and either carboplatin or cisplatin is indicated for the first-line treatment of adults with extensive-stage small cell lung cancer (ES-SCLC). **4.2 Posology and method of administration.** Treatment must be initiated and supervised by a physician experienced in the treatment of cancer. PD-L1 testing for patients with locally advanced NSCLC. Patients with locally advanced NSCLC should be evaluated for treatment based on the tumour expression of PD-L1 confirmed by a validated test (section 'Pharmacodynamic properties' of the SPC). Posology. The recommended dose for IMFINZI monotherapy and IMFINZI in combination with chemotherapy is presented in Table 1. IMFINZI is administered as an intravenous infusion over 1 hour. **Table 1. Recommended Dose of IMFINZI. Indication:** Locally Advanced NSCLC; **Recommended IMFINZI dose:** 10 mg/kg every 2 weeks or 1500 mg every 4 weeks[a]; **Duration of Therapy:** Until disease progression, unacceptable toxicity, or a maximum of 12 months[b]. **Indication:** ES-SCLC; **Recommended IMFINZI dose:** 1500 mg[c] in combination with chemotherapy[d,e] every 3 weeks (21 days) for 4 cycles, followed by 1500 mg every 4 weeks as monotherapy; **Duration of Therapy:** Until disease progression or unacceptable toxicity. [a] Patients with a body weight of 30 kg or less must receive weight-based dosing, equivalent to IMFINZI 10 mg/kg every 2 weeks or 20 mg/kg every 4 weeks as monotherapy until weight increases to greater than 30 kg. [b] It is recommended to continue treatment for clinically stable patients with initial evidence of disease progression until disease progression is confirmed. [c] Patients with a body weight of 30 kg or less must receive weight-based dosing, equivalent to IMFINZI 20 mg/kg in combination with chemotherapy every 3 weeks (21 days) for 4 cycles, followed by 20 mg/kg every 4 weeks as monotherapy until weight increases to greater than 30 kg. [d] Administer IMFINZI prior to chemotherapy on the same day. [e] When IMFINZI is administered in combination with chemotherapy, refer to the Prescribing Information for etoposide and carboplatin or cisplatin for dosing information. Dose escalation or reduction is not recommended. Dose withholding or discontinuation may be required based on individual safety and tolerability. Guidelines for management of immune-mediated adverse reactions are described in Table 2 (see section 'Special warnings and precautions for use' of the SPC). **Table 2. Recommended treatment modifications for IMFINZI and management recommendations. Adverse reactions [Severity[a]/ IMFINZI treatment modification/ Corticosteroid treatment unless otherwise specified]: Immune-mediated pneumonitis/interstitial lung disease:** Severity[a]: Grade 2; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated hepatitis:** Severity[a]: Grade 2 with ALT or AST > 3-5 x ULN and/or total bilirubin > 1.5-3 x ULN; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 with AST or ALT > 5-≤ 8 x ULN or total bilirubin > 3- ≤ 5x ULN; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 with AST or ALT > 8 x ULN or total bilirubin > 5 x ULN; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Concurrent ALT or AST > 3 x ULN and total bilirubin > 2 x ULN with no other cause; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated colitis or diarrhoea:** Severity[a]: Grade 2 or 3; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated hyperthyroidism, thyroiditis:** Severity[a]: Grade 2-4; IMFINZI treatment modification: Withhold dose until clinically stable; Corticosteroid treatment unless otherwise specified: Symptomatic treatment, see section 'Undesirable effects'. **Immune-mediated hypothyroidism:** Severity[a]: Grade 2-4; IMFINZI treatment modification: No changes; Corticosteroid treatment unless otherwise specified: Initiate thyroid hormone replacement as clinically indicated. **Immune-mediated adrenal insufficiency or hypophysitis/hypopituitarism:** Severity[a]: Grade 2-4; IMFINZI treatment modification: Withhold dose until clinically stable; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper and hormone replacement as clinically indicated; **Immune-mediated type 1 diabetes mellitus:** Severity[a]: Grade 2-4; IMFINZI treatment modification: No changes; Corticosteroid treatment unless otherwise specified: Initiate treatment with insulin as clinically indicated. **Immune-mediated nephritis:** Severity[a]: Grade 2 with serum creatinine > 1.5-3 x (ULN or baseline); IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 with serum creatinine > 3 x baseline or > 3-6 x ULN; Severity[a]: Grade 4 with serum creatinine > 6 x ULN; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated rash or dermatitis (including pemphigoid):** Severity[a]: Grade 2 for > 1 week; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated myocarditis:** Severity[a]: Grade 2; IMFINZI treatment modification: Withhold dose[b]; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 or 4, or any Grade with positive biopsy; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Immune-mediated myositis/polymyositis:** Severity[a]: Grade 2 or 3; IMFINZI treatment modification: Withhold dose[c]; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Infusion-related reactions:** Severity[a]: Grade 1 or 2; IMFINZI treatment modification: Interrupt or slow the rate of infusion; Corticosteroid treatment unless otherwise specified: May consider pre-medications for prophylaxis of subsequent infusion reactions; Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Permanently discontinue. **Infection:** Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Withhold dose until clinically stable. **Myasthenia gravis:** Severity[a]: Grade 2; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Any Grade with signs of respiratory or autonomic insufficiency; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper; Severity[a]: Grade 3 or 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 to 2 mg/kg/day prednisone or equivalent followed by a taper. **Other immune-mediated adverse reactions:** Severity[a]: Grade 3; IMFINZI treatment modification: Withhold dose; Corticosteroid treatment unless otherwise specified: Initiate 1 mg/kg/day to 2 mg/kg/day prednisone or equivalent followed by taper; Severity[a]: Grade 4; IMFINZI treatment modification: Permanently discontinue; Corticosteroid treatment unless otherwise specified: Initiate 1 mg/kg/day to 2 mg/kg/day prednisone or equivalent followed by taper. [a] Common Terminology Criteria for Adverse Events, version 4.03. ALT: alanine aminotransferase; AST: aspartate aminotransferase; ULN: upper limit of normal. [b] If no improvement within 2 to 3 days despite corticosteroids, promptly start additional immunosuppressive therapy. Upon resolution (Grade 0), corticosteroid taper should be initiated and continued over at least 1 month, after which IMFINZI can be resumed based on clinical judgment. [c] Permanently discontinue IMFINZI if adverse reaction does not resolve to ≤ Grade 1 within 30 days or if there are signs of respiratory insufficiency. For suspected immune-mediated adverse reactions, adequate evaluation should be performed to confirm etiology or exclude alternate etiologies. Based on the severity of the adverse reaction, IMFINZI should be withheld and corticosteroids administered. Consider increasing dose of corticosteroids and/or using additional systemic immunosuppressants if there is worsening or no improvement. Upon improvement to ≤ Grade 1, corticosteroid taper should be initiated and continued over at least 1 month. After withhold, IMFINZI can be resumed within 12 weeks if the adverse reactions improved to ≤ Grade 1 and the corticosteroid dose has been reduced to ≤ 10 mg prednisone or equivalent per day. IMFINZI should be permanently discontinued for recurrent Grade 3 (severe) immune-mediated adverse reactions and for any Grade 4 (life-threatening) immune-mediated adverse reactions, except for endocrinopathies that are controlled with replacement hormones. For non-immune-mediated adverse reactions, withhold IMFINZI for Grade 2 and 3 adverse reactions until ≤ Grade 1 or baseline. IMFINZI should be discontinued for Grade 4 adverse reactions (with the exception of Grade 4 laboratory abnormalities, about which the decision to discontinue should be based on accompanying clinical signs/symptoms and clinical judgment). *Special populations. Paediatric population.* The safety and efficacy of IMFINZI in children and adolescents aged below 18 years of age have not been established. No data are available. *Elderly.* No dose adjustment is required for elderly patients (≥ 65 years of age) (see section 'Pharmacodynamic properties' of the SPC). Data on patients aged 75 years of age or older are limited. *Renal impairment.* No dose adjustment of IMFINZI is recommended in patients with mild or moderate renal impairment. Data from patients with severe renal impairment are too limited to draw conclusions on this population (see section 'Pharmacokinetic properties' of the SPC). *Hepatic impairment.* Data from patients with moderate and severe hepatic impairment are limited. Due to minor involvement of hepatic processes in the clearance of durvalumab no dose adjustment of IMFINZI is recommended for patients with hepatic impairment as no difference in exposure is expected (see section 'Pharmacokinetic properties' of the SPC). Method of administration. IMFINZI is for intravenous use. It is to be administered as an intravenous infusion solution over 1 hour (see section 'Special precautions for disposal and other handling' of the SPC). For instructions on dilution of the medicinal product before administration, see section 'Special precautions for disposal and other handling' of the SPC. **4.3 Contraindications.** Hypersensitivity to the active substance(s) or to any of the excipients listed in section 'List of excipients' of the SPC. **4.4 Undesirable effects.** Summary of the safety profile. The safety of IMFINZI as monotherapy is based on pooled data in 3006 patients across multiple tumour types. IMFINZI was administered at a dose of 10 mg/kg every 2 weeks or 20 mg/kg every 4 weeks. The most frequent (>10%) adverse reactions were cough/productive cough (21.5%), diarrhoea (16.3%), rash (16.0%), pyrexia (13.8%), upper respiratory tract infections (13.5%), abdominal pain (12.7%), pruritus (10.8%), and hypothyroidism (10.1%). The safety of IMFINZI given in combination with chemotherapy is based on data in 265 patients with SCLC. IMFINZI was administered at a dose of 1500 mg every 3 weeks in combination with chemotherapy followed by monotherapy every 4 weeks. The most frequent (>20%) adverse reactions were neutropenia (48.7%), anaemia (38.5%), nausea (33.6%), fatigue (32.1%), alopecia (31.3%), thrombocytopenia (21.1%), and leukopenia (20.0%). Tabulated list of adverse reactions. Table 3 lists the incidence of adverse reactions in the monotherapy safety dataset and in patients treated with IMFINZI in combination with chemotherapy in the CASPIAN study. Adverse drug reactions are listed according to system organ class in MedDRA. Within each system organ class, the adverse drug reactions are presented in decreasing frequency. The corresponding frequency category for each ADR is defined as: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1000); very rare (< 1/10,000); not known (cannot be estimated from available data). Within each frequency grouping, adverse drug reactions are presented in order of decreasing seriousness. **Table 3. Adverse drug reactions in patients treated with IMFINZI monotherapy and IMFINZI in combination with chemotherapy. Infections and infestations:** Upper respiratory tract infections[a]: IMFINZI Monotherapy/Any Grade (%): Very common: 13.5; IMFINZI Monotherapy/Grade 3-4 (%): 0.2; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 9.1; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.4. Pneumonia[b,c]: IMFINZI Monotherapy/Any Grade (%): Common: 8.9; IMFINZI Monotherapy/Grade 3-4 (%): 3.5; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 5.7; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 1.9. Oral candidiasis: IMFINZI Monotherapy/Any Grade (%): Common: 2.1; IMFINZI Monotherapy/Grade 3-4 (%): 0; IMFINZI Combined with Chemotherapy/Any Grade (%): Uncommon: 0.8; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Dental and oral soft tissue infections[d]: IMFINZI Monotherapy/Any Grade (%): Common: 1.7; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.1; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Influenza: IMFINZI Monotherapy/Any Grade (%): Common: 1.6; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Uncommon: 0.4; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. **Blood and lymphatic system disorders:** Neutropenia[e]: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 48.7; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 29.1. Anaemia: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 38.5; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 9.1. Thrombocytopenia[f]: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 21.1; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 6.8. Leukopenia[g]: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 20.0; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 7.9. Febrile neutropenia: IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 6.4; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 5.3. Pancytopenia: IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 3.0; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 1.5. Immune thrombocytopenia[c]: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1. **Endocrine disorders:** Hypothyroidism[h]: IMFINZI Monotherapy/Any Grade (%): Very common: 10.1; IMFINZI Monotherapy/Grade 3-4 (%): 0.2; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 9.4; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Hyperthyroidism[i]: IMFINZI Monotherapy/Any Grade (%): Common: 4.6; IMFINZI Monotherapy/Grade 3-4 (%): 0; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 9.8; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Thyroiditis[j]: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.8; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.5; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Adrenal insufficiency: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.6; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.1; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Type 1 diabetes mellitus: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Uncommon: 0.8; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.8. Hypophysitis/Hypopituitarism: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1. Diabetes insipidus: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1. **Metabolism and nutrition disorders:** Decreased appetite: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 18.1; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.8. **Nervous System Disorders:** Myasthenia gravis: IMFINZI Monotherapy/Any Grade (%): Rare[k]: <0.1; Noninfective encephalitis[l]: IMFINZI Monotherapy/Any Grade (%): Not known. Meningitis[m]: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; Guillain-Barré syndrome: IMFINZI Monotherapy/Any Grade (%): Not known. **Cardiac disorders:** Myocarditis: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1. **Respiratory, thoracic and mediastinal disorders:** Cough/Productive Cough: IMFINZI Monotherapy/Any Grade (%): Very common: 21.5; IMFINZI Monotherapy/Grade 3-4 (%): 0.4; IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 14.7; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.8. Pneumonitis[c]: IMFINZI Monotherapy/Any Grade (%): Common: 3.8; IMFINZI Monotherapy/Grade 3-4 (%): 0.9; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 2.6; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.8. Dysphonia: IMFINZI Monotherapy/Any Grade (%): Common: 3.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Uncommon: 0.8; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Interstitial lung disease: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.6; IMFINZI Monotherapy/Grade 3-4 (%): 0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Uncommon: 0.8; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. **Gastrointestinal disorders:** Diarrhoea: IMFINZI Monotherapy/Any Grade (%): Very common: 16.3; IMFINZI Monotherapy/Grade 3-4 (%): 0.6; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 9.8; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 1.1. Abdominal pain[n]: IMFINZI Monotherapy/Any Grade (%): Very common: 12.7; IMFINZI Monotherapy/Grade 3-4 (%): 1.8; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 8.7; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.4. Colitis[o]: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.9; IMFINZI Monotherapy/Grade 3-4 (%): 0.3; IMFINZI Combined with Chemotherapy/Any Grade (%): Uncommon: 0.8; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Nausea: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 33.6; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.4. Constipation: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 16.6; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.8. Vomiting: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 14.7; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Stomatitis[p]: IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 6.0; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.4. Pancreatitis: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.2; IMFINZI Monotherapy/Grade 3-4 (%): 0.2. **Hepatobiliary disorders:** Aspartate aminotransferase increased or Alanine: aminotransferase increased[c,q]: IMFINZI Monotherapy/Any Grade (%): Common: 8.1; IMFINZI Monotherapy/Grade 3-4 (%): 2.3; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 8.7; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 1.9. Hepatitis[c,r]: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.8; IMFINZI Monotherapy/Grade 3-4 (%): 0.4; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.9; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 1.1. **Skin and subcutaneous tissue disorders:** Rash[s]: IMFINZI Monotherapy/Any Grade (%): Very common: 16.0; IMFINZI Monotherapy/Grade 3-4 (%): 0.6; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 9.4; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Pruritus[t]: IMFINZI Monotherapy/Any Grade (%): Very common: 10.8; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 7.5; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Night sweats: IMFINZI Monotherapy/Any Grade (%): Common: 1.6; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Uncommon: 0.4; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Dermatitis: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.7; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.5; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Alopecia: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 31.3; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 1.1. Pemphigoid[u]: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): 0. **Musculoskeletal and connective tissue disorders:** Myalgia: IMFINZI Monotherapy/Any Grade (%): Common: 5.9; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 3.4; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Myositis: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.2; IMFINZI Monotherapy/Grade 3-4 (%): <0.1. Polymyositis: IMFINZI Monotherapy/Any Grade (%): Rare[v]: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): <0.1. Arthralgia: IMFINZI Monotherapy/Any Grade (%): Very common: 10.3; IMFINZI Monotherapy/Grade 3-4 (%): 0.3; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 2.6; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.4. **Renal and urinary disorders:** Blood creatinine increased: IMFINZI Monotherapy/Any Grade (%): Common: 3.5; IMFINZI Monotherapy/Grade 3-4 (%): <0.1; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.9; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Dysuria: IMFINZI Monotherapy/Any Grade (%): Common: 1.3; IMFINZI Monotherapy/Grade 3-4 (%): 0; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.9; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Nephritis[w]: IMFINZI Monotherapy/Any Grade (%): Uncommon: 0.3; IMFINZI Monotherapy/Grade 3-4 (%): <0.1. Cystitis noninfective: IMFINZI Monotherapy/Any Grade (%): Rare: <0.1; IMFINZI Monotherapy/Grade 3-4 (%): 0. **General disorders and administration site conditions:** Pyrexia: IMFINZI Monotherapy/Any Grade (%): Very common: 13.8; IMFINZI Monotherapy/Grade 3-4 (%): 0.3; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 8.3; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0. Peripheral oedema[x]: IMFINZI Monotherapy/Any Grade (%): Common: 9.7; IMFINZI Monotherapy/Grade 3-4 (%): 0.3; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 6.4; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.8. Fatigue[y]: IMFINZI Combined with Chemotherapy/Any Grade (%): Very common: 32.1; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 3.4. **Injury, poisoning and procedural complications:** Infusion-related reaction[z]: IMFINZI Monotherapy/Any Grade (%): Common: 1.6; IMFINZI Monotherapy/Grade 3-4 (%): 0.2; IMFINZI Combined with Chemotherapy/Any Grade (%): Common: 1.9; IMFINZI Combined with Chemotherapy/Grade 3-4 (%): 0.4. [a] includes laryngitis, nasopharyngitis, peritonsillar abscess, pharyngitis, rhinitis, sinusitis, tonsillitis, tracheobronchitis and upper respiratory tract infection. [b] includes lung infection, pneumocystis jirovecii pneumonia, pneumonia, pneumonia adenoviral, pneumonia bacterial, pneumonia cytomegaloviral, pneumonia haemophilus, pneumonia pneumococcal, pneumonia streptococcal, candida pneumonia and pneumonia legionella. [c] including fatal outcome. [d] includes gingivitis, oral infection, periodontitis, pulpitis dental, tooth abscess and tooth infection. [e] includes neutropenia and neutrophil count decreased. [f] includes thrombocytopenia and platelet count decreased. [g] includes leukopenia and white blood cell count decreased. [h] includes autoimmune hypothyroidism, hypothyroidism. [i] includes hyperthyroidism and Basedow's disease. [j] includes autoimmune thyroiditis, thyroiditis, and thyroiditis subacute. [k] reported frequency from AstraZeneca-sponsored clinical studies outside of the pooled dataset is rare, with no events at Grade > 2. [l] includes autoimmune encephalitis and encephalitis. [m] includes meningitis and noninfective meningitis. [n] includes abdominal pain, abdominal pain lower, abdominal pain upper and flank pain. [o] includes colitis, enteritis, enterocolitis, and proctitis. [p] includes stomatitis and mucosal inflammation. [q] includes alanine aminotransferase increased, aspartate aminotransferase increased, hepatic enzyme increased and transaminases increased. [r] includes hepatitis, autoimmune hepatitis, hepatitis toxic, hepatocellular injury, hepatitis acute, hepatotoxicity and immune-mediated hepatitis. [s] includes rash erythematous, rash generalised, rash macular, rash maculopapular, rash papular, rash pruritic, rash pustular, erythema, eczema and rash. [t] includes pruritus generalised and pruritus. [u] includes pemphigoid, dermatitis bullous and pemphigus. Reported frequency from completed and ongoing trials is uncommon. [v] polymyositis (fatal) was observed in a patient treated with IMFINZI from an ongoing sponsored clinical study outside of the pooled dataset: rare in any grade, rare in Grade 3 or 4 or 5. [w] includes autoimmune nephritis, tubulointerstitial nephritis, nephritis, glomerulonephritis and glomerulonephritis membranous. [x] includes oedema peripheral and peripheral swelling. [y] includes fatigue and asthenia. [z] includes infusion-related reaction and urticaria with onset on the day of dosing or 1 day after dosing. Description of selected adverse reactions. IMFINZI is most commonly associated with immune-mediated adverse reactions. Most of these, including severe reactions, resolved following initiation of appropriate medical therapy or withdrawal of IMFINZI. The data for the following immune-mediated adverse reactions reflect the combined safety database of 3006 patients which includes the PACIFIC Study and additional studies in patients with various solid tumours, in indications for which durvalumab is not approved. Across all studies, IMFINZI was administered at a dose of 10 mg/kg every 2 weeks, 20 mg/kg every 4 weeks, or 1500 mg every 3 or 4 weeks. Details for the significant adverse reactions for IMFINZI when given in combination with chemotherapy are presented if clinically relevant differences were noted in comparison to IMFINZI monotherapy. The management guidelines for these adverse reactions are described in section 'Special warnings and precautions for use' of the SPC. *Immune-mediated pneumonitis.* In the combined safety database with IMFINZI monotherapy, (n = 3006 multiple tumour types), immune-mediated pneumonitis occurred in 107 (3.6%) patients, including Grade 3 in 23 (0.8%) patients, Grade 4 in 2 (< 0.1%) patients, and Grade 5 in 6 (0.2%) patients. The median time to onset was 57 days (range: 2-785 days). Sixty-four of the 107 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day), 2 patients also received infliximab and 1 patient also received cyclosporine. IMFINZI was discontinued in 38 patients. Resolution occurred in 58 patients. Immune-mediated pneumonitis occurred more frequently in patients in the PACIFIC Study who had completed treatment with concurrent chemoradiation within 1 to 42 days prior to initiation of the study (10.7%), than in the other patients in the combined safety database (2.2%). In the PACIFIC Study, (n = 475 in the IMFINZI arm, and n = 234 in the placebo arm) immune-mediated pneumonitis occurred in 51 (10.7%) patients in the IMFINZI-treated group and 16 (6.8%) patients in the placebo group, including Grade 3 in 8 (1.7%) patients on IMFINZI vs. 6 (2.6%) patients on placebo and Grade 5 (fatal) in 4 (0.8%) patients on IMFINZI vs. 3 (1.3%) patients on placebo. The median time to onset in the IMFINZI-treated group was 53 days (range: 1-341 days) vs. 55.5 days (range: 0-231 days) in the placebo group. In the IMFINZI-treated group, 44 of the 51 patients received systemic corticosteroids, including 28 patients who received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day), and 2 patients also received infliximab. In the placebo group, 11 of the 16 patients received systemic corticosteroids, including 9 patients who received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). Resolution occurred for 27 patients in the IMFINZI treated group vs. 6 in placebo. *Immune-mediated hepatitis.* In the combined safety database with IMFINZI monotherapy, immune-mediated hepatitis occurred in 36 (1.2%) patients, including Grade 3 in 19 (0.6%) patients, Grade 4 in 1 (<0.1%) patients and Grade 5 (fatal) in 2 (<0.1%) patients. The median time to onset was 67 days (range: 7-333 days). Twenty-five of the 36 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). Two patients also received mycophenolate treatment. IMFINZI was discontinued in 7 patients. Resolution occurred in 22 patients. *Immune-mediated colitis.* In the combined safety database with IMFINZI monotherapy, immune-mediated colitis or diarrhoea occurred in 52 (1.7%) patients, including Grade 3 in 9 (0.3%) patients and Grade 4 in 2 (<0.1%) patients. The median time to onset was 73 days (range: 1-394 days). Thirty-four of the 52 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). One patient also received infliximab treatment and 1 patient also received mycophenolate. IMFINZI was discontinued in 9 patients. Resolution occurred in 39 patients. *Immune-mediated endocrinopathies. Immune-mediated hypothyroidism.* In the combined safety database with IMFINZI monotherapy, immune-mediated hypothyroidism occurred in 222 (7.4%) patients, including Grade 3 in 4 (0.1%) patients. The median time to onset was 85 days (range: 1-562 days). Of the 222 patients, 218 patients received hormone replacement therapy, 5 patients received high-dose corticosteroids (at least 40 mg prednisone or equivalent per day) for immune-mediated hypothyroidism followed by hormone replacement. No patients discontinued IMFINZI due to immune-mediated hypothyroidism. *Immune-mediated hyperthyroidism.* In the combined safety database with IMFINZI monotherapy, immune-mediated hyperthyroidism occurred in 43 (1.4%) patients, there were no Grade 3 or 4 cases. The median time to onset was 43 days (range: 1-196 days). 39 of the 43 patients received medical therapy (thiamazole, carbimazole, propylthiouracil, perchlorate, calcium channel blocker, or beta-blocker), 11 patients received systemic corticosteroids and 4 of the 11 patients received high-dose systemic corticosteroid treatment (at least 40 mg prednisone or equivalent per day). One patient discontinued IMFINZI due to hyperthyroidism. Resolution occurred in 35 patients. Eighteen patients experienced hypothyroidism following hyperthyroidism. *Immune-mediated thyroiditis.* In the combined safety database with IMFINZI monotherapy, immune-mediated thyroiditis occurred in 11 (0.4%) patients, including Grade 3 in 2 (<0.1%) patients. The median time to onset was 41 days (range: 14-106 days). Of the 11 patients, 9 patients received hormone replacement therapy, 1 patient received high-dose corticosteroids (at least 40 mg prednisone or equivalent per day) followed by hormone replacement. One patient discontinued IMFINZI due to immune-mediated thyroiditis. Two patients experienced hypothyroidism following thyroiditis. *Immune-mediated adrenal insufficiency.* In the combined safety database with IMFINZI monotherapy, immune-mediated adrenal insufficiency occurred in 12 (0.4%) patients, including Grade 3 in 3 (<0.1%) patients. The median time to onset was 145.5 days (range: 20-547 days). All 12 patients received systemic corticosteroids; 4 of the 12 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). No patients discontinued IMFINZI due to immune-mediated adrenal insufficiency. Resolution occurred in 3 patients. *Immune-mediated type 1 diabetes mellitus.* In the combined safety database with IMFINZI monotherapy, immune-mediated type 1 diabetes mellitus, occurred in 1 (<0.1%) patient, (Grade 3). The time to onset was 43 days. The patient received endocrine therapy and discontinued IMFINZI due to immune-mediated type 1 diabetes mellitus. The event resolved for the patient. *Immune mediated hypophysitis/hypopituitarism.* In the combined safety database with IMFINZI monotherapy, immune-mediated hypophysitis/ hypopituitarism occurred in 2 (<0.1%) patients, both Grade 3. The time to onset for the events was 44 days and 50 days. Both patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day) and one patient discontinued IMFINZI due to immune-mediated hypophysitis/hypopituitarism. *Immune-mediated nephritis.* In the combined safety database with IMFINZI monotherapy, immune-mediated nephritis occurred in 9 (0.3%) patients, including Grade 3 in 2 (< 0.1%) patients. The median time to onset was 87 days (range: 29-393 days). Six (0.2%) patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day) and 1 patient also received mycophenolate. IMFINZI was discontinued in 5 patients. Resolution occurred in 6 patients. *Immune-mediated rash.* In the combined safety database with IMFINZI monotherapy, immune-mediated rash or dermatitis (including pemphigoid) occurred in 45 (1.5%) patients, including Grade 3 in 12 (0.4%) patients. The median time to onset was 41 days (range: 4-333 days). Twenty of the 45 patients received high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). IMFINZI was discontinued in 3 patients. Resolution occurred in 31 patients. *Infusion-related reactions.* In the combined safety database with IMFINZI monotherapy, infusion-related reactions occurred in 49 (1.6%) patients, including Grade 3 in 5 (0.2%) patients. There were no Grade 4 or 5 events. *Laboratory abnormalities.* In patients treated with durvalumab monotherapy, the proportion of patients who experienced a shift from baseline to a Grade 3 or 4 laboratory abnormality was as follows: 2.4% for alanine aminotransferase increased, 3.6% for aspartate aminotransferase increased, 0.5% for blood creatinine increased, 5.7% for amylase increased and 5.6% for lipase increased. The proportion of patients who experienced a TSH shift from baseline that was ≤ ULN to any Grade > ULN was 18.8% and a TSH shift from baseline that was ≥ LLN to any Grade < LLN was 18.1%. In patients treated with durvalumab in combination with chemotherapy, the proportion of patients who experienced a shift from baseline to a Grade 3 or 4 laboratory abnormality was as follows: 4.9% for alanine aminotransferase increased, 4.6% for aspartate aminotransferase increased, 3.4% for blood creatinine increased, 4.8% for amylase increased and 8.1% for lipase increased. The proportion of patients who experienced a TSH shift from baseline that was ≤ ULN to any Grade > ULN was 17.7% and a TSH shift from baseline that was ≥ LLN to any Grade < LLN was 31.3%. Immunogenicity. Immunogenicity of IMFINZI as monotherapy is based on pooled data in 2280 patients who were treated with IMFINZI 10 mg/kg every 2 weeks, or 20 mg/kg every 4 weeks as a single-agent and evaluable for the presence of anti-drug antibodies (ADA). Sixty nine patients (3.0%) tested positive for treatment emergent ADA. Neutralising antibodies (nAb) against durvalumab were detected in 0.5% (12/2280) of patients. The presence of ADA did not have a clinically relevant effect on safety. There are insufficient number of patients to determine ADA impact on efficacy. Based on population PK analysis, slightly lower exposure are expected in ADA-positive patients however, the reduction of PK exposure is less than 30% compared to a typical patient and is not considered clinically relevant. In the CASPIAN study, of 201 patients who were treated with IMFINZI 1500 mg every 3 weeks in combination with chemotherapy and evaluable for the presence of ADAs, 0 (0%) patients tested positive for treatment-emergent ADAs. The impact of treatment-emergent ADA on PK, clinical safety and efficacy of durvalumab was not evaluable as no patient samples tested positive for treatment- emergent durvalumab ADA. Elderly. No overall differences in safety were reported between elderly (≥ 65 years) and younger patients. Data from NSCLC and ES-SCLC patients 75 years of age or older are limited. Reporting of suspected adverse reactions. Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via: **Federal Agency for Medicines and Health Products - FAMHP**, Department Vigilance, Postbus/Boîte Postale 97, 1000 BRUSSELS, Madou. Website: www.eenbijwerkingmelden.be / www.notifieruneffetindesirable.be. e-mail: adr@fagg.be / adr@afmps.be. **Luxembourg:** Centre Régional de Pharmacovigilance de Nancy, Bâtiment de Biologie Moléculaire et de Biopathologie (BBB), CHRU de Nancy – Hôpitaux de Brabois, Rue du Morvan, 54 511 VANDOEUVRE LES NANCY CEDEX, Tél : (+33) 3 83 65 60 85 / 87. E-mail : crpv@chru-nancy.fr or Direction de la Santé, Division de la Pharmacie et des Médicaments, 20, rue de Bitbourg, L-1273 Luxembourg-Hamm. Tél. : (+352) 2478 5592. E-mail : pharmacovigilance@ms.etat.lu. Lien pour le formulaire : https://guichet.public.lu/fr/entreprises/sectoriel/sante/medecins/notification-effets-indesirables-medicaments.html. **5. MARKETING AUTHORISATION HOLDER.** AstraZeneca AB, SE-151 85 Södertälje Sweden. **6. MARKETING AUTHORISATION NUMBER(S).** EU/1/18/1322/002 120 mg vial, EU/1/18/1322/001 500 mg vial. **7. LEGAL STATUS DELIVERY.** Medicinal product subject to medical prescription. **8. DATE OF REVISION OF THE TEXT.** 03/2022. Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.