DOSING AND imAR MANAGEMENT CONSIDERATIONS

In the treatment of mNSCLC with no EGFR mutations or ALK genomic tumor aberrations

The POSEIDON Regimen:

IMFINZI + IMJUDO in combination with platinum-based chemotherapy[1,2]

Indication:

IMFINZI, in combination with IMJUDO and platinum-based chemotherapy, is indicated for the treatment of adult patients with metastatic NSCLC with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.

IMPORTANT SAFETY INFORMATION

There are no contraindications for IMFINZI® (durvalumab) or IMJUDO® (tremelimumab-actl).

Severe and Fatal Immune-Mediated Adverse Reactions

Important immune-mediated adverse reactions listed under Warnings and Precautions may not include all possible severe and fatal immune-mediated reactions. Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue. Immune-mediated adverse reactions can occur at any time after starting treatment or after discontinuation. Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions. Evaluate clinical chemistries including liver enzymes, creatinine, adrenocorticotropic hormone (ACTH) level, and thyroid function at baseline and before each dose.

ALK=anaplastic lymphoma kinase; EGFR=epidermal growth factor receptor; imAR=immune-mediated adverse reaction; mNSCLC=metastatic non-small cell lung cancer.

Please see additional Important Safety Information throughout and Full Prescribing Information including Medication Guide for IMFINZI and IMJUDO.

IMFINZI® durvalumab
Injection for Intravenous Use 50 mg/mL

IMJUDO® tremelimumab-actl
Injection for Intravenous Use 20 mg/mL

Please see additional Important Safety Information throughout and Full Prescribing Information including Medication Guide for IMFINZI and IMJUDO.

Overview

This guide will provide information and management considerations when treating patients with IMFINZI and IMJUDO, including:

- Dosing
- Immune-mediated adverse reactions
- General immune-mediated adverse reaction management strategies
- Treatment modifications

How IMFINZI and IMJUDO work

Anti–PD-L1

IMFINZI is a human, immunoglobulin G1 kappa (IgG1) monoclonal antibody that blocks the interaction of PD-L1 on tumor cells with PD-1 and CD80 (B7.1) on T cells[1]

Anti–CTLA-4

IMJUDO is a selective, human IgG2 monoclonal antibody that binds to CTLA-4, releasing CTLA-4–mediated inhibition of T-cell activation[2]

General guidance

The adverse reactions described in this handbook may not include all possible severe and fatal immune-mediated reactions. ImARs, which may be severe or fatal, can occur in any organ system or tissue. ImARs can occur at any time after starting treatment with a PD-1/PD-L1 blocking antibody or a CTLA-4 blocking antibody. While they usually manifest during treatment with these antibodies, imARs can also manifest after discontinuation of the antibodies.[1,2]

CD80=cluster of differentiation 80; CTLA-4=cytotoxic T-lymphocyte–associated protein 4; IgG2=immunoglobulin G2; PD-1=programmed cell death protein 1; PD-L1=programmed death-ligand 1.

IMPORTANT SAFETY INFORMATION (continued)

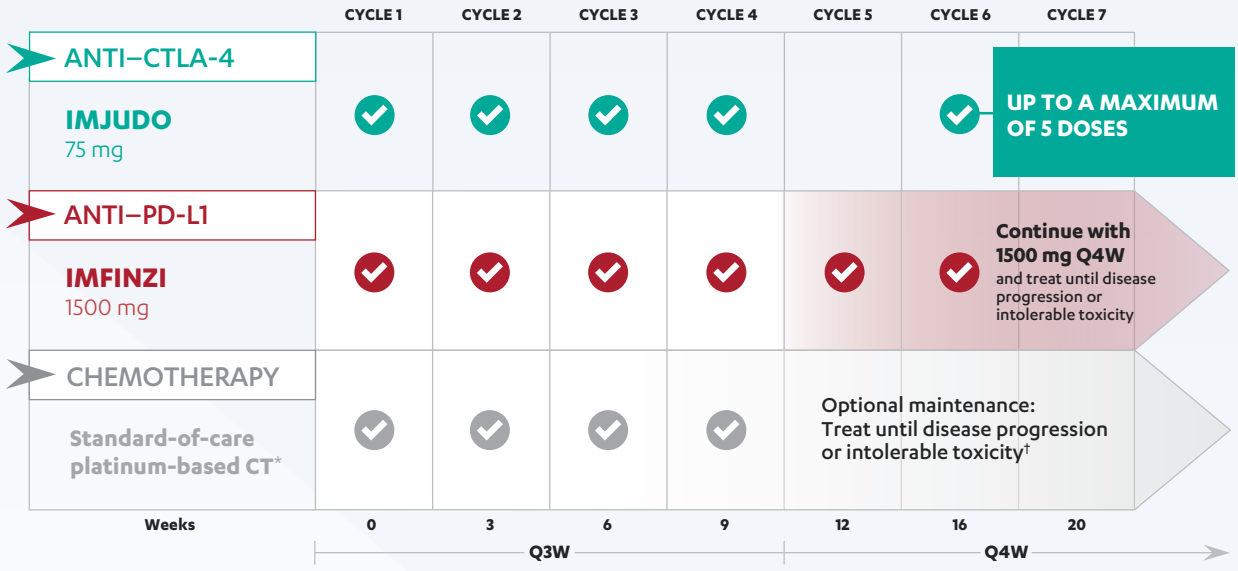
Severe and Fatal Immune-Mediated Adverse Reactions (continued)

In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate. Withhold or permanently discontinue IMFINZI and IMJUDO depending on severity. See USPI Dosing and Administration for specific details. In general, if IMFINZI and IMJUDO requires interruption or discontinuation, administer systemic corticosteroid therapy (1 mg to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less. Upon improvement to Grade 1 or less, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reactions are not controlled with corticosteroid therapy.

The POSEIDON Regimen: Finite anti–CTLA-4 dosing with dual IO + platinum-based CT[1,2]

Fixed 75-mg dosing for IMJUDO and fixed 1500-mg dosing for IMFINZI[1,2]

RECOMMENDED DOSAGE FOR PATIENTS WITH BODY WEIGHT ≥30 KG[1-3]



Recommended dosage for patients with body weight <30 kg[1,2]

- Cycles 1-4 (Q3W):
  - Platinum-based CT*
  - IMJUDO 1 mg/kg
  - IMFINZI 20 mg/kg
- Cycles 5 and later (Q4W):
  - IMFINZI 20 mg/kg as a single agent until disease progression or intolerable toxicity and optional histology-based pemetrexed maintenance*
  - IMJUDO 1 mg/kg alongside IMFINZI only in Cycle 6 (Week 16)

Administration details[1,2]**:**

- IMFINZI and IMJUDO are each administered as 60-minute IV infusions
- Weigh patients prior to each infusion
- Administer IMJUDO, followed by IMFINZI and then chemotherapy, all on the same day. During Cycle 1, wait 1-2 hours between each infusion. If no infusion reactions during Cycle 1, subsequent cycles of IMFINZI can be given immediately after IMJUDO, and the time between the end of the IMFINZI infusion and the start of chemotherapy can be reduced to 30 minutes
- For dosing and administration of chemotherapy, please refer to the Prescribing Information for that treatment

IMJUDO: The first and only finite-course‡ anti–CTLA-4 in a dual immunotherapy + platinum-based CT regimen for mNSCLC[1,2,4,5]

*Platinum-based CT is given Q3W for 4 cycles. Options include pemetrexed + carboplatin/cisplatin (nonsquamous); gemcitabine + carboplatin/cisplatin (squamous); or nab-paclitaxel + carboplatin (either histology). Starting in Week 12, nonsquamous patients who received pemetrexed as part of the first-line regimen can continue pemetrexed maintenance Q4W until disease progression or intolerable toxicity.[1,2]
†Pemetrexed maintenance for nonsquamous patients who received treatment with pemetrexed and carboplatin/cisplatin.[1,2]
‡IMJUDO is given up to a maximum of 5 doses.[2]

CT=chemotherapy; IO=immuno-oncology; IV=intravenous; Q3W=every 3 weeks; Q4W=every 4 weeks.

Please see additional Important Safety Information throughout and Full Prescribing Information including Medication Guide for IMFINZI and IMJUDO.

Prevalence of immune-mediated adverse reactions[1,2]

- Important imARs listed below may not include all possible severe and fatal immune-mediated reactions
- ImARs, which may be severe or fatal, can occur in any organ system or tissue
- ImARs can occur at any time after starting treatment or after discontinuation
- Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying imARs. Evaluate clinical chemistries including liver enzymes, creatinine, adrenocorticotropic hormone (ACTH) level, and thyroid function at baseline and before each dose
- In cases of suspected imARs, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate. Withhold or permanently discontinue IMFINZI and IMJUDO depending on severity
- Early identification and management of imARs are essential to ensure safe use of IMFINZI and IMJUDO

IMMUNE-MEDIATED ADVERSE REACTIONS (POOLED DATA)[§]

	IMFINZI + IMJUDO + PLATINUM-BASED CT (N=596)		
	Any grade	**Grade 3**	**Grade 4**
Pneumonitis	**3.5%**	**1%**	**N/A**
Colitis	**6.5%**	**2.5%**	**N/A**
Hepatitis	**3.9%**	**2%**	**0.5%**
Adrenal insufficiency	**2.2%**	**0.8%**	**N/A**
Hypophysitis	**1.3%**	**0.5%**	**N/A**
Thyroiditis	**1.2%**	**N/A**	**N/A**
Hyperthyroidism	**5%**	**0.2%**	**N/A**
Hypothyroidism	**8.6%**	**0.5%**	**N/A**
Type 1 diabetes mellitus	**0.5%**	**0.3%**	**N/A**
Nephritis	**0.7%**	**0.2%**	**N/A**
Rash/dermatitis	**7.2%**	**0.3%**	**N/A**

- Fatal (Grade 5) imARs observed in patients treated with IMFINZI and IMJUDO plus platinum-based CT include pneumonitis (0.5%), colitis (0.2%), and hepatitis (0.3%)

[§]The combined safety data (N=596) reflect exposure to IMFINZI 1500 mg in combination with IMJUDO 75 mg and histology-based platinum chemotherapy regimens in 330 patients in the POSEIDON study, and 266 ES-SCLC patients in the CASPIAN study who received up to 4 cycles of platinum-etoposide plus IMFINZI 1500 mg with IMJUDO 75 mg Q3W followed by IMFINZI 1500 mg Q4W (an unapproved regimen for ES-SCLC). Fifty-five percent were exposed to IMFINZI for 6 months or more and 24% were exposed to IMFINZI for 12 months or more. Of the 330 patients who received IMFINZI and IMJUDO plus platinum-based chemotherapy in the POSEIDON study, 66% received the maximum of 5 doses of IMJUDO and 79% received at least 4 doses.

ES-SCLC=extensive-stage small cell lung cancer; N/A=not applicable.

IMFINZI® durvalumab Injection for Intravenous Use 50 mg/mL

IMJUDO® tremelimumab-actl Injection for Intravenous Use 20 mg/mL

Other imARs with an incidence of <1%[1,2]:

The following clinically significant, immune-mediated adverse reactions occurred at an incidence of less than 1% each in patients who received IMFINZI in combination with IMJUDO or were reported with the use of other PD-1/PD-L1 blocking antibodies and immune-checkpoint inhibitors.

- Cardiac/vascular: Myocarditis, pericarditis, vasculitis
- Nervous system: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy
- Ocular: Uveitis, iritis, and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment to include blindness can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss
- Gastrointestinal: Pancreatitis, including increases in serum amylase and lipase levels, gastritis, duodenitis
- Musculoskeletal and connective tissue disorders: Myositis/polymyositis, rhabdomyolysis and associated sequelae, including renal failure, arthritis, polymyalgia rheumatic
- Endocrine: Hypoparathyroidism
- Other (hematologic/immune): Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenia, solid organ transplant rejection, other transplant (including corneal graft) rejection

Please see additional Important Safety Information throughout and Full Prescribing Information including Medication Guide for IMFINZI and IMJUDO.

General imAR management strategies

When treating with IMFINZI and IMJUDO[1,2]

- No dose reduction is recommended for IMFINZI or IMJUDO
- In general, withhold IMFINZI and IMJUDO for severe (Grade 3) imARs
- Permanently discontinue IMFINZI and IMJUDO for:
  - Life-threatening (Grade 4) imARs
  - Recurrent severe (Grade 3) imARs that require systemic immunosuppressive treatment
  - An inability to reduce corticosteroid dose to ≤10 mg of prednisone or equivalent per day within 12 weeks of initiating corticosteroids
- In general, if combination of IMFINZI and IMJUDO requires interruption or discontinuation, administer systemic corticosteroid therapy (1 mg to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less. Upon improvement to Grade 1 or less, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose imARs are not controlled with corticosteroid therapy

Routine monitoring for imARs when treating with IMFINZI and IMJUDO[1,2]

- Patients being treated with IMFINZI and IMJUDO should be monitored at baseline and before each dose
  - ImARs can occur at any time during treatment and after discontinuation of therapy with IMFINZI and IMJUDO
  - ImARs can occur in any organ system or tissue. The reactions described in this handbook may not include all possible severe and fatal immune-mediated reactions
- Early identification and management of imARs are essential to ensure safe use of IMFINZI in combination with IMJUDO
  - Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying imARs
  - Evaluate liver enzymes, creatinine, ACTH level, and thyroid function at baseline and before each dose
  - In cases of suspected imARs, initiate appropriate workup to exclude alternative etiologies, including infection
  - Institute medical management promptly, including specialty consultation as appropriate

Monitoring for other ARs and infusion-related reactions[1,2]

- Patients should also be monitored for signs and symptoms of other ARs, including infusion-related reactions
- IMFINZI in combination with IMJUDO can cause severe or life-threatening infusion-related reactions
- For Grade 1 or 2 infusion-related reactions, consider using premedications with subsequent doses

Dosage modifications for IMFINZI in combination with IMJUDO and platinum-based chemotherapy for adverse reactions that require management different from these general guidelines are summarized in the next spread

ARs=adverse reactions.

Treatment modifications for IMFINZI and IMJUDO

- Dosage reduction of IMFINZI or IMJUDO is not recommended. Withholding or permanently discontinuing IMFINZI or IMJUDO may be required[1,2]
- When IMFINZI is administered in combination with IMJUDO, withhold or permanently discontinue both IMJUDO and IMFINZI for an adverse reaction meeting these dose modification guidelines[1,2]
- Withhold the treatment regimen for severe (Grade 3) imARs[1,2]
- Permanently discontinue the treatment regimen for life-threatening (Grade 4) imARs[1,2]
- Permanently discontinue the treatment regimen for recurrent severe (Grade 3) imARs that require systemic immunosuppressive treatment or an inability to reduce corticosteroid dose to ≤10 mg prednisone or equivalent per day within 12 weeks of initiating corticosteroids[1,2]

TREATMENT MODIFICATIONS FOR IMFINZI + IMJUDO[1,2]

Adverse reaction	Severity*	Treatment modification
imARs		
Pulmonary Pneumonitis	Grade 2	Withhold†
	Grade 3 or 4	Permanently discontinue
Gastrointestinal Colitis	Grade 2	Withhold†
	Grade 3 or 4	Permanently discontinue
Gastrointestinal Intestinal perforation	Any grade	Permanently discontinue
Hepatic Hepatitis with no tumor involvement of the liver	AST or ALT increases >3 and up to 8 × ULN or total bilirubin increases >1.5 and up to 3 × ULN	Withhold†
	AST or ALT increases >8 × ULN or total bilirubin increases >3 × ULN	Permanently discontinue
Hepatic Hepatitis with tumor involvement of the liver‡	AST or ALT is >1 and up to 3 × ULN at baseline and increases to >5 and up to 10 × ULN AST or ALT is >3 and up to 5 × ULN at baseline and increases to >8 and up to 10 × ULN	Withhold†
	AST or ALT increases >10 × ULN or total bilirubin increases >3 × ULN	Permanently discontinue
Endocrine Endocrinopathies	Grade 3 or 4	Withhold until clinically stable or permanently discontinue depending on severity
Renal Nephritis with renal dysfunction	Grade 2 or 3 increased blood creatinine	Withhold†
	Grade 4 increased blood creatinine	Permanently discontinue
Exfoliative dermatologic conditions	Suspected SJS, TEN, or DRESS	Withhold†
	Confirmed SJS, TEN, or DRESS	Permanently discontinue
Cardiac Myocarditis	Grade 2, 3, or 4	Permanently discontinue
Neurological toxicities	Grade 2	Withhold†
	Grade 3 or 4	Permanently discontinue
Other adverse reactions		
Infusion-related reactions	Grade 1 or 2	Interrupt or slow the rate of infusion
	Grade 3 or 4	Permanently discontinue

Prescribing Information has additional information for dosage modification and management specific to ARs.

*Based on National Cancer Institute Common Terminology Criteria for Adverse Events, version 4.03.[1,2]

†Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper. Permanently discontinue if no complete or partial resolution within 12 weeks of initiating corticosteroids or an inability to reduce corticosteroid dose to 10 mg of prednisone or less per day (or equivalent) within 12 weeks of initiating corticosteroids.[1,2]

‡If AST and ALT are less than or equal to ULN at baseline in patients with liver involvement, withhold or permanently discontinue IMFINZI based on recommendations for hepatitis with no liver involvement.[1,2]

ALT=alanine aminotransferase; AST=aspartate aminotransferase; DRESS=drug rash with eosinophilia and systemic symptoms; SJS=Stevens-Johnson Syndrome; TEN=toxic epidermal necrolysis; ULN=upper limit of normal.

Please see additional Important Safety Information throughout and Full Prescribing Information including Medication Guide for IMFINZI and IMJUDO.

Further guidance on managing select imARs[1,2]

- IMFINZI + IMJUDO can cause immune-mediated colitis that is frequently associated with diarrhea. Cytomegalovirus (CMV) infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies
- IMFINZI + IMJUDO can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement, as clinically indicated
- Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field cuts. Hypophysitis can cause hypopituitarism. Initiate symptomatic treatment, including hormone replacement, as clinically indicated
- Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement therapy for hypothyroidism or institute medical management of hyperthyroidism as clinically indicated
- Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated
- Exfoliative dermatitis, including Stevens-Johnson Syndrome, drug rash with eosinophilia and systemic symptoms, and toxic epidermal necrolysis, has occurred with CTLA-4 and PD-1/PD-L1 blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate nonexfoliative rashes

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IMPORTANT SAFETY INFORMATION (continued)

Immune-Mediated Pneumonitis

IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause immune-mediated pneumonitis, which may be fatal. Immune-mediated pneumonitis occurred in 3.5% (21/596) of patients, including fatal (0.5%), and Grade 3 (1%) adverse reactions.

Immune-Mediated Colitis

IMFINZI with IMJUDO and platinum-based chemotherapy can cause immune-mediated colitis, which may be fatal. Immune-mediated colitis is frequently associated with diarrhea. Cytomegalovirus (CMV) infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies. Immune-mediated colitis occurred in 6.5% (39/596) of patients, including fatal (0.2%) and Grade 3 (2.5%) adverse reactions. Intestinal perforation and large intestine perforation were reported in 0.1% of patients receiving IMFINZI in combination with IMJUDO and platinum-based chemotherapy.

Immune-Mediated Hepatitis

IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause immune-mediated hepatitis, which may be fatal. Immune-mediated hepatitis occurred in 3.9% (23/596) of patients, including fatal (0.3%), Grade 4 (0.5%), and Grade 3 (2%) adverse reactions.

Immune-Mediated Endocrinopathies

- ***Adrenal Insufficiency***: IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement as clinically indicated. Immune-mediated adrenal insufficiency occurred in 2.2% (13/596) of patients, including Grade 3 (0.8%) adverse reactions.
- ***Hypophysitis***: IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause immune-mediated hypophysitis. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field cuts. Hypophysitis can cause hypopituitarism. Initiate symptomatic treatment including hormone replacement as clinically indicated. Immune-mediated hypophysitis occurred in 1.3% (8/596) of patients, including Grade 3 (0.5%) adverse reactions.
- ***Thyroid Disorders (Thyroiditis, Hyperthyroidism, and Hypothyroidism)***: IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause immune-mediated thyroid disorders. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement therapy for hypothyroidism or institute medical management of hyperthyroidism as clinically indicated.
  - Immune-mediated thyroiditis occurred in 1.2% (7/596) of patients.
  - Immune-mediated hyperthyroidism occurred in 5% (30/596) of patients, including Grade 3 (0.2%) adverse reactions.
  - Immune-mediated hypothyroidism occurred in 8.6% (51/596) of patients, including Grade 3 (0.5%) adverse reactions.
- ***Type 1 Diabetes Mellitus, which can present with diabetic ketoacidosis***: Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Immune-mediated Type 1 diabetes mellitus occurred in 0.5% (3/596) of patients receiving IMFINZI in combination with IMJUDO and platinum-based chemotherapy, including Grade 3 (0.3%) adverse reactions.

Immune-Mediated Nephritis with Renal Dysfunction

IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause immune-mediated nephritis. Immune-mediated nephritis occurred in 0.7% (4/596) of patients, including Grade 3 (0.2%) adverse reactions.

Immune-Mediated Dermatology Reactions

IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause immune-mediated rash or dermatitis. Exfoliative dermatitis, including Stevens-Johnson Syndrome (SJS), drug rash with eosinophilia and systemic symptoms (DRESS), and toxic epidermal necrolysis (TEN), has occurred with PD-1/L-1 and CTLA-4 blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-exfoliative rashes.
Immune-mediated rash or dermatitis occurred in 7.2% (43/596) of patients, including Grade 3 (0.3%) adverse reactions.

Other Immune-Mediated Adverse Reactions

The following clinically significant, immune-mediated adverse reactions occurred at an incidence of less than 1% each in patients who received IMFINZI in combination with IMJUDO or were reported with the use of other immune-checkpoint inhibitors.

- ***Cardiac/vascular***: Myocarditis, pericarditis, vasculitis.
- ***Nervous system***: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy.
- ***Ocular***: Uveitis, iritis, and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment to include blindness can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss.

- ***Gastrointestinal***: Pancreatitis including increases in serum amylase and lipase levels, gastritis, duodenitis.
- ***Musculoskeletal and connective tissue disorders***: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatic.
- ***Endocrine***: Hypoparathyroidism.
- ***Other (hematologic/immune)***: Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenia, solid organ transplant rejection, other transplant (including corneal graft) rejection.

Infusion-Related Reactions

IMFINZI in combination with IMJUDO and platinum-based chemotherapy can cause severe or life-threatening infusion-related reactions. Monitor for signs and symptoms of infusion-related reactions. Interrupt, slow the rate of, or permanently discontinue IMFINZI and IMJUDO based on the severity. See USPI Dosing and Administration for specific details. For Grade 1 or 2 infusion-related reactions, consider using pre-medications with subsequent doses. Infusion-related reactions occurred in 2.9% (17/596) of patients, including Grade 3 (0.3%) adverse reactions.

Complications of Allogeneic HSCT after IMFINZI

Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1/L-1 blocking antibody. Transplant-related complications include hyperacute graft-versus-host-disease (GVHD), acute GVHD, chronic GVHD, hepatic veno-occlusive disease (VOD) after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause). These complications may occur despite intervening therapy between PD-1/L-1 blockade and allogeneic HSCT. Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefit versus risks of treatment with a PD-1/L-1 blocking antibody prior to or after an allogeneic HSCT.

Embryo-Fetal Toxicity

Based on their mechanism of action and data from animal studies, IMFINZI and IMJUDO can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. In females of reproductive potential, verify pregnancy status prior to initiating IMFINZI and IMJUDO and advise them to use effective contraception during treatment with IMFINZI and IMJUDO and for 3 months after the last dose of IMFINZI and IMJUDO.

Lactation

There is no information regarding the presence of IMFINZI and IMJUDO in human milk; however, because of the potential for serious adverse reactions in breastfed infants from IMFINZI and IMJUDO, advise women not to breastfeed during treatment and for 3 months after the last dose.

Adverse Reactions

- In patients with mNSCLC in the POSEIDON study receiving IMFINZI in combination with IMJUDO and platinum-based chemotherapy (n=330), the most common adverse reactions (occurring in ≥20% of patients) were nausea (42%), fatigue (36%), musculoskeletal pain (29%), decreased appetite (28%), rash (27%), and diarrhea (22%).
- In patients with mNSCLC in the POSEIDON study receiving IMFINZI in combination with IMJUDO and platinum-based chemotherapy (n=330), permanent discontinuation of IMFINZI or IMJUDO due to an adverse reaction occurred in 17% of patients. Serious adverse reactions occurred in 44% of patients, with the most frequent serious adverse reactions reported in at least 2% of patients being pneumonia (11%), anemia (5%), diarrhea (2.4%), thrombocytopenia (2.4%), pyrexia (2.4%), and febrile neutropenia (2.1%). Fatal adverse reactions occurred in a total of 4.2% of patients.

The safety and effectiveness of IMFINZI and IMJUDO have not been established in pediatric patients.

Please see additional Important Safety Information throughout and Full Prescribing Information including Medication Guide for IMFINZI and IMJUDO.

You may report side effects related to AstraZeneca products.

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IMJUDO® tremelimumab-actl
Injection for Intravenous Use 20 mg/mL

For more information on the POSEIDON Regimen, visit: IMFINZIhcp.com

References: 1. IMFINZI® (durvalumab) [Prescribing Information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2024. **2.** IMJUDO® (tremelimumab-actl) [Prescribing Information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2023. **3.** Johnson ML, Cho BC, Luft A, et al; POSEIDON Investigators. Durvalumab with or without tremelimumab in combination with chemotherapy as first-line therapy for metastatic non-small-cell lung cancer: the phase III POSEIDON study. *J Clin Oncol*. 2023;41(6):1213-1227 (Including Protocol). **4.** Yervoy® (ipilimumab) [Prescribing Information]. Princeton, NJ: Bristol-Myers Squibb Company; 2023. **5.** Opdivo® (nivolumab) [Prescribing Information]. Princeton, NJ: Bristol-Myers Squibb Company; 2023.

Please see additional Important Safety Information throughout and Full Prescribing Information including Medication Guide for IMFINZI and IMJUDO.

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