HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use IMJUDO safely and effectively. See full prescribing information for IMJUDO.

IMJUDO® (tremelimumab-actl) injection, for intravenous use
Initial U.S. Approval: 2022

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**RECENT MAJOR CHANGES**

- **Indications and Usage (1.2)**
  - 11/2022
- **Dosage and Administration (2.1, 2.3)**
  - 11/2022
- **Dosage and Administration (2.3)**
  - 06/2023
- **Warnings and Precautions (5.1, 5.2)**
  - 11/2022

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**INDICATIONS AND USAGE**

IMJUDO is a cytotoxic T-lymphocyte-associated antigen 4 (CTLA-4) blocking antibody indicated:
- in combination with durvalumab, for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC). (1.1)
- in combination with durvalumab and platinum-based chemotherapy for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with no sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) genomic tumor aberrations. (1.2)

**DOSAGE AND ADMINISTRATION**

- **Administer IMJUDO as an intravenous infusion over 60 minutes after dilution. (2.3)**
- **uHCC:**
  - Weight 30 kg and more: IMJUDO 300 mg as a single dose in combination with durvalumab 1,500 mg at Cycle 1/Day 1, followed by durvalumab as a single agent every 4 weeks (2.1)
  - Weight less than 30 kg: IMJUDO 4 mg/kg as a single dose in combination with durvalumab 20 mg/kg at Cycle 1/Day 1, followed by durvalumab as a single agent every 4 weeks (2.1)
- **Metastatic NSCLC:**
  - Weight 30 kg and more: 75 mg every 3 weeks in combination with durvalumab 1,500 mg and platinum-based chemotherapy for 4 cycles, and then administer durvalumab 1,500 mg every 4 weeks as a single agent with histology-based pemetrexed therapy every 4 weeks, and a fifth dose of IMJUDO 75 mg in combination with durvalumab dose 6 at week 16 (2.1)
  - Weight less than 30 kg: 1 mg/kg every 3 weeks in combination with durvalumab 20 mg/kg and platinum-based chemotherapy for 4 cycles, and then administer durvalumab 20 mg/kg every 4 weeks as a single agent with histology-based pemetrexed therapy every 4 weeks, and a fifth dose of IMJUDO 1 mg/kg in combination with durvalumab dose 6 at week 16 (2.1)
  - See full Prescribing Information for preparation and administration instructions and dosage modifications for adverse reactions.

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**ADVERSE REACTIONS**

Most common adverse reactions (≥ 20%) of patients with metastatic NSCLC were rash, fatigue, diarrhea, hypothyroidism, and nausea.
Most common adverse reactions (≥ 20%) of patients with uHCC were rash, fatigue, diarrhea, and nausea.

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**CONTRAINDICATIONS**

None. (4)

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**WARNINGS AND PRECAUTIONS**

- Immune-Mediated Adverse Reactions (5.1)
  - Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue, including the following: immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated endocrinopathies, immune-mediated nephritis with renal dysfunction, immune-mediated dermatologic adverse reactions and immune-mediated pancreatitis.
  - Monitor for early identification and management. Evaluate liver enzymes, creatinine, adrenocorticotropic hormone level and thyroid function at baseline and before each dose.
  - Withhold or permanently discontinue based on severity and type of reaction.
  - Infusion-Related Reactions: Interrupt, slow the rate of infusion, or permanently discontinue treatment based on the severity of the reaction. (5.2)
  - Embryo-Fetal Toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and use of effective contraception. (5.3, 8.1, 8.3)

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**DOSE FORMS AND STRENGTHS**

- **Injection:** 25 mg/1.25 mL (20 mg/mL) solution in a single-dose vial. (3)
- **Injection:** 300 mg/15 mL (20 mg/mL) solution in a single-dose vial. (3)

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1.2 Non-Small Cell Lung Cancer (NSCLC)

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3 DOSAGE FORMS AND STRENGTHS

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Hepatocellular Carcinoma

IMJUDO, in combination with durvalumab, is indicated for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC).

1.2 Non-Small Cell Lung Cancer (NSCLC)

IMJUDO, in combination with durvalumab 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.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage

The recommended dosages of IMJUDO are presented in Tables 1, 2 and 3. Administer IMJUDO as an intravenous infusion after dilution as recommended [see Dosage and Administration (2.3)].

IMJUDO in Combination with Durvalumab

Table 1. Recommended dosage of IMJUDO

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended IMJUDO Dosage</th>
<th>Duration of Therapy</th>
</tr>
</thead>
</table>
| uHCC       | Patients with a body weight of 30 kg and more:  
A single dose of IMJUDO 1 300 mg followed by durvalumab 1 1,500 mg at Day 1 of Cycle 1;  
Continue durvalumab 1,500 mg as a single agent every 4 weeks  
Patients with a body weight of less than 30 kg:  
A single dose of IMJUDO 1 4 mg/kg followed by durvalumab 2 20 mg/kg at Day 1 of Cycle 1;  
Continue durvalumab 20 mg/kg as a single agent every 4 weeks | After Cycle 1 of combination therapy, administer durvalumab as a single agent every 4 weeks until disease progression or unacceptable toxicity |

*1 Administer IMJUDO prior to durvalumab on the same day.  
2 Refer to the Prescribing Information for dosing information.

IMJUDO in Combination with Durvalumab and Platinum-Based Chemotherapy

The recommended dosage schedule and regimens for IMJUDO for the treatment of metastatic non-small cell lung cancer (NSCLC) are provided in Tables 2 and 3. Weigh patients prior to each infusion.

Calculate the appropriate dose using Table 3 below based on the patient's weight and tumor histology.

Table 2: Recommended Dosage Schedule

| Week 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| Cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| IMJUDO | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Durvalumab | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Chemotherapy | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

*1 continue durvalumab until disease progression or intolerable toxicity.  
2 dosing interval change from every 3 weeks to every 4 weeks starting at cycle 5.  
3 intravenous infusion over 60 minutes [see Dosage and Administration (2.3)].  
4 if patients receive fewer than 4 cycles of platinum-based chemotherapy, the remaining cycles of IMJUDO (up to a total of 5) should be given after the platinum-based chemotherapy phase, in combination with durvalumab, every 4 weeks.

Optionally, continue durvalumab therapy from week 12 until disease progression or intolerable toxicity for patients with non-squamous disease who received treatment with pemetrexed and carboplatin/cisplatin.

Table 3: Recommended Regimen and Dosage

<table>
<thead>
<tr>
<th>Tumor Histology</th>
<th>Patient Weight</th>
<th>IMJUDO Dosage</th>
<th>Durvalumab Dosage</th>
<th>Platinum-based Chemotherapy Regimen</th>
</tr>
</thead>
</table>
| Non-Squamous    | ≥ 30 kg 75 mg | 1,500 mg      | • carboplatin & nab-paclitaxel OR  
• carboplatin or cisplatin & pemetrexed |
|                 | < 30 kg 1 mg/kg 20 mg/kg | | |
| Squamous        | ≥ 30 kg 75 mg | 1,500 mg      | • carboplatin & nab-paclitaxel OR  
• carboplatin or cisplatin & gemcitabine |
|                 | < 30 kg 1 mg/kg 20 mg/kg | | |

*1 Refer to the Prescribing Information for dosing information.

2.2Dosage Modifications for Adverse Reactions

No dose reduction for treatment is recommended. In general, withhold treatment regimen for severe (Grade 3) immune-mediated adverse reactions. Permanently discontinue treatment regimen for life-threatening (Grade 4) immune-mediated adverse reactions, recurrent severe (Grade 3) immune-mediated reactions that require systemic immunosuppressive treatment, or an inability to reduce corticosteroid dose to 10 mg or less of prednisone or equivalent per day within 12 weeks of initiating corticosteroids.

Recommended treatment modifications are presented in Table 4.

Table 4: Recommended Dosage Modifications for Adverse Reactions

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Severity</th>
<th>Dosage Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immune-Mediated Adverse Reactions [see Warnings and Precautions (5.1)]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonitis</td>
<td>Grade 2</td>
<td>Withhold2</td>
</tr>
<tr>
<td></td>
<td>Grade 3 or 4</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Colitis</td>
<td>Grade 2</td>
<td>Withhold2</td>
</tr>
<tr>
<td></td>
<td>Grade 3 or 4</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Intestinal perforation</td>
<td>Any grade</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Hepatitis with no tumor involvement of the liver</td>
<td>ALT or AST increases to more than 3 and up to 5 times ULN or total bilirubin increases to more than 1.5 and up to 3 times ULN</td>
<td>Withhold2</td>
</tr>
<tr>
<td>Hepatitis with tumor involvement of the liver</td>
<td>ALT or AST increases to more than 5 times ULN or total bilirubin increases to more than 3 times the ULN</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Endocrinopathies</td>
<td>Grade 3 or 4</td>
<td>Withhold2</td>
</tr>
<tr>
<td>Nephropathies with Renal Dysfunction</td>
<td>Grade 2 or 3 increased blood creatinine</td>
<td>Withhold2</td>
</tr>
<tr>
<td></td>
<td>Grade 4 increased blood creatinine</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Exfoliative Dermatologic Conditions</td>
<td>Suspected SJS, TEN, or DRESS</td>
<td>Withhold2</td>
</tr>
<tr>
<td></td>
<td>Confirmed SJS, TEN, or DRESS</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Myocarditis</td>
<td>Grade 2, 3, or 4</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Neurological Toxicities</td>
<td>Grade 2</td>
<td>Withhold2</td>
</tr>
<tr>
<td></td>
<td>Grade 3 or 4</td>
<td>Permanently discontinue</td>
</tr>
</tbody>
</table>

Other Adverse Reactions

| Infusion-related reactions [see Warnings and Precautions (5.2)] | Grade 1 or 2 | Interrupt or slow the rate of infusion |
|                  | Grade 3 or 4 | Permanently discontinue |

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 normal

1 Based on National Cancer Institute Common Terminology Criteria for Adverse Events, version 4.03.
2 Resumed 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 within 12 weeks of initiating corticosteroids.
3 If AST and ALT are less than or equal to ULN at baseline in patients with liver involvement, withhold or permanently discontinue durvalumab based on recommendations for hepatitis with no liver involvement.

2.3 Preparation and Administration

Preparation

- Visually inspect drug product for particulate matter and discoloration. Discard if the solution is cloudy, discolored, or visible particles are observed.
- Do not shake the vial.
- Withdraw the required volume from the vial(s) of IMJUDO and discard the vial with any unused portion.
- Transfer into an intravenous bag containing 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP and dilute to a concentration between 0.1 mg/mL and 10 mg/mL. Mix diluted solution by gentle inversion. Do not shake the solution.
Storage of Diluted IMJUDO Infusion Solution
• IMJUDO does not contain a preservative. Administer infusion solution immediately or once prepared. If infusion solution is not administered immediately and needs to be stored, the total time from preparation to the start of administration should not exceed:
  o 24 hours in a refrigerator at 2°C to 8°C (36°F to 46°F)
  o 24 hours at room temperature up to 30°C (86°F)
• Do not freeze.
• Do not shake.

Administration
• Administer IMJUDO infusion solution intravenously over 60 minutes through an intravenous line containing a sterile, low-protein binding 0.2 or 0.22 micron filter.
• Use separate infusion bags and filters for each drug product.

IMJUDO In Combination with Other Products
• Administer all drug products as separate intravenous infusions.
• Do not co-administer other drugs through the same infusion line.
• For platinum-based chemotherapy, refer to Prescribing Information for administration information.
• For pemetrexed treatment, refer to Prescribing Information for administration information.

Combination Regimens: Order of Infusions
IMJUDO In Combination with Durvalumab
• Infuse IMJUDO, followed by durvalumab on the same day of dosing.

IMJUDO In Combination with Durvalumab and Platinum-based Chemotherapy
• Infuse IMJUDO first, followed by durvalumab and then platinum-based chemotherapy on the day of dosing.

IMJUDO In Combination with Durvalumab and Pemetrexed Therapy
• Infuse IMJUDO first, followed by durvalumab and then pemetrexed treatment on the day of dosing.

Combination Regimens: Infusion Instructions
IMJUDO In Combination with Durvalumab
• Observe patient for 60 minutes following completion of IMJUDO infusion [see Warnings and Precautions (5.2)]. Then administer durvalumab as a separate intravenous infusion over 60 minutes

IMJUDO in Combination with Durvalumab and Platinum-based Chemotherapy/ Pemetrexed Therapy
Cycle 1:
• Infuse IMJUDO over one hour. One to two hours after completion of IMJUDO infusion, infuse durvalumab over one hour. One to two hours after completion of durvalumab infusion, administer platinum-based chemotherapy.

Subsequent Cycles:
If there are no infusion reactions during cycle 1, subsequent cycles of durvalumab can be given immediately after IMJUDO. The time between the end of the infusion of IMJUDO and the start of chemotherapy can be reduced to 30 minutes.

3 DOSAGE FORMS AND STRENGTHS
Injection: 25 mg/1.25 mL (20 mg/mL) or 300 mg/15 mL (20 mg/mL) clear to slightly opalescent, colorless to slightly yellow solution in a single-dose vial.

4 CONTRAINDICATIONS
None.

5 WARNINGS AND PRECAUTIONS
5.1 Severe and Fatal Immune-Mediated Adverse Reactions
IMJUDO is a monoclonal antibody that blocks T-cell inhibitory signals induced by the CTLA-4 pathway, thereby removing inhibition of the immune response. In combination with durvalumab, a PD-L1 inhibitor, these drugs have the potential to induce immune-mediated adverse reactions. Immune-mediated adverse reactions listed herein may not be inclusive of 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 IMJUDO in combination with durvalumab. While immune-mediated adverse reactions usually manifest during treatment, immune-mediated adverse reactions can also manifest after discontinuation of IMJUDO and/or durvalumab.

Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of IMJUDO in combination with durvalumab. Monitor for signs and symptoms 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. Institute medical management promptly, including specialty consultation as appropriate.

Withhold or permanently discontinue IMJUDO and durvalumab depending on severity [see Dosage and Administration (2.2)]. In general, if combination of IMJUDO and durvalumab requires interruption or discontinuation, administer systemic corticosteroid therapy (1 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.

Toxicity management guidelines for adverse reactions that do not necessarily require systemic steroids (e.g., endocrinopathies and dermatologic reactions) are discussed below.

Immune-Mediated Pneumonitis
IMJUDO in combination with durvalumab can cause immune-mediated pneumonitis, which may be fatal.

Immune-Mediated Colitis
IMJUDO in combination with durvalumab and platinum-based chemotherapy can cause immune-mediated colitis, which may be fatal.

Immune-Mediated Hepatitis
IMJUDO in combination with durvalumab and durvalumab can cause immune-mediated hepatitis, which may be fatal.

Immune-Mediated Endocrinopathies
Adrenal Insufficiency: IMJUDO in combination with durvalumab can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement as clinically indicated. Withhold or permanently discontinue IMJUDO in combination with durvalumab based on the severity [see Dosage and Administration (2.2)].
Immune-mediated adrenal insufficiency occurred in 1.5% (6/388) of patients receiving IMJUDO in combination with durvalumab, including Grade 3 (0.3%) adverse reactions. Events resolved in 15 of the 18 patients. Two patients (2/18) required high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). All patients required other therapy including hormone replacement therapy, thiamazole, carbimazole, propylthiouracil, perchlorate, calcium channel blocker, or beta-blocker.

Immune-mediated hypothyroidism occurred in 1.5% (6/388) of patients receiving IMJUDO in combination with durvalumab. Events resolved in 2 of the 6 patients. Systemic corticosteroids were required in 2 patients (2/6) with 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. Withhold or permanently discontinue IMJUDO in combination with durvalumab depending on severity [see Dosage and Administration (2.2)].

Immune-mediated thyrotoxicosis occurred in 1.5% (6/388) of patients receiving IMJUDO in combination with durvalumab. Events resolved in 2 of the 6 patients. Systemic corticosteroids were required in 2 patients (2/6) with 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. Withhold or permanently discontinue IMJUDO in combination with durvalumab depending on severity [see Dosage and Administration (2.2)].

Immune-mediated adrenal insufficiency occurred in 2.2% (13/596) of patients receiving IMJUDO in combination with durvalumab, including Grade 3 (0.3%) adverse reactions. Events resolved in 2 of the 6 patients. Systemic corticosteroids were required in all 6 patients, and of these, 1 patient required high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). Two patients also required endocrine therapy.

Immune-mediated hypophysitis/hypopituitarism occurred in 1% (4/388) of patients receiving IMJUDO in combination with durvalumab. Events resolved in 2 of the 4 patients. High-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). Two patients also required endocrine therapy.

Hypophysitis: IMJUDO in combination with durvalumab 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 high-dose corticosteroid treatment as clinically indicated. Withhold or permanently discontinue IMJUDO in combination with durvalumab depending on severity [see Dosage and Administration (2.2)].

Immune-mediated rash or dermatitis occurred in 4.9% (10/205) of patients receiving IMJUDO in combination with durvalumab and platinum-based chemotherapy, including Grade 3 (0.5%) adverse reactions. Events resolved in 2 of the 7 patients. One patient received other immunosuppressants.

Hypothyroidism: IMJUDO with Durvalumab and Platinum-Based Chemotherapy

Systemic corticosteroids were required in all patients with immune-mediated nephritis. Systemic corticosteroids were required in all 6 patients, and of these, 1 patient required high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). All patients required other therapy including hormone replacement therapy, thiamazole, carbimazole, propylthiouracil, perchlorate, calcium channel blocker, or beta-blocker.

Three patients (3/30) required systemic corticosteroids (at least 40 mg prednisone or equivalent per day). One patient required endocrine therapy.

Immune-mediated rash or dermatitis occurred in 4.9% (19/388) of patients receiving IMJUDO in combination with durvalumab, including Grade 4 (0.3%) and Grade 3 (1.5%) adverse reactions. Events resolved in 13 of the 19 patients and resulted in permanent discontinuation in 2 patients. Systemic corticosteroids were required in all patients with immune-mediated rash or dermatitis; of these, 12 patients required high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day). One patient received other immunosuppressants.

Immune-mediated rash or dermatitis occurred in 7.2% (43/596) of patients receiving IMJUDO in combination with durvalumab and platinum-based chemotherapy, including Grade 3 (0.3%) adverse reactions. Events resolved in 32 of the 43 patients and resulted in permanent discontinuation in 2 patients. Systemic corticosteroids were required in all patients with immune-mediated rash or dermatitis.

Immune-Mediated Pancreatitis

IMJUDO in combination with durvalumab can cause immune-mediated pancreatitis.

Immune-mediated pancreatitis occurred in 2.3% (9/388) of patients receiving IMJUDO in combination with durvalumab, including Grade 4 (0.3%) and Grade 3 (1.5%) adverse reactions. Events resolved in 6 of the 9 patients. Systemic corticosteroids were required in all 9 patients and of these, 7 patients required high-dose corticosteroid treatment (at least 40 mg prednisone or equivalent per day).

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 IMJUDO in combination with durvalumab or were reported with the use of other immune-checkpoint inhibitors.

Cardiovascular: 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**: Gastritis, duodinitis.

**Musculoskeletal and Connective tissue disorders**: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatica.

**Endocrine**: Hypoglycemia.

**Other (hematologic/immune)**: Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, and immune thrombocytopenia.

### 5.2 Infusion-Related Reactions

**IMJUDO** in combination with durvalumab 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 IMJUDO and durvalumab based on the severity [see Dosage and Administration (2.2)]. For Grade 1 or 2 infusion-related reactions, consider using pre-medications with subsequent doses.

**IMJUDO with Durvalumab**

Infusion-related reactions occurred in 10 (2.6%) patients receiving IMJUDO in combination with durvalumab.

**IMJUDO with Durvalumab and Platinum-Based Chemotherapy**

Infusion-related reactions occurred in 2.9% (17/596) of patients receiving IMJUDO in combination with durvalumab and platinum-based chemotherapy, including Grade 3 (0.3%) adverse reactions.

### 5.3 Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, IMJUDO can cause fetal harm when administered to a pregnant woman. In animal studies, CTLA-4 blockade is associated with higher incidence of pregnancy loss. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with IMJUDO and for 3 months after the last dose of IMJUDO [see Use in Specific Populations (8.1, 8.3)].

### 6 ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections of the labeling.

- **Immune-Mediated Adverse Reactions** [see Warnings and Precautions (5.1)].
- **Infusion-Related Reactions** [see Warnings and Precautions (5.2)].

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The data described in the Warnings and Precautions reflect exposure to IMJUDO 1,500 mg in combination with durvalumab 1,500 mg in 538 patients in the pooled safety population (N=596) of 330 patients in POSEIDON [see Clinical Studies (14.1)] and 266 patients in CASPIAN who received up to four cycles of platinum-etoposide plus durvalumab 1,500 mg on the same day, followed by durvalumab every 4 weeks. In the HIMALAYA study patients received IMJUDO 300 mg administered as a single intravenous infusion in combination with durvalumab 1,500 mg on the same day, followed by durvalumab every 4 weeks or sorafenib 400 mg given orally twice daily.

Serious adverse reactions occurred in 41% of patients who received IMJUDO in combination with durvalumab. Serious adverse reactions in >1% of patients included hemorrhage (8%), diarrhea (4%), sepsis (2.1%), pneumonia (2.1%), rash (1.5%), vomiting (1.3%), acute kidney injury (1.3%), and anemia (1.3%). Fatal adverse reactions occurred in 8% of patients who received IMJUDO in combination with durvalumab, including death (1%), hemorrhage intracranial (0.5%), cardiac arrest (0.5%), pneumonitis (0.5%), hepatic failure (0.5%), and immune-mediated hepatitis (0.5%). The most common adverse reactions (occurring in >20% of patients) were rash, diarrhea, fatigue, pruritus, musculoskeletal pain, and abdominal pain.

Permanence discontinuation of the treatment regimen due to an adverse reaction occurred in 14% of patients; the most common adverse reactions leading to treatment discontinuation (>1%) were hemorrhage (1.8%), diarrhea (1.5%), AST increased (1%), and hepatitis (1%).

Dosage interruptions or delay of the treatment regimen due to an adverse reaction occurred in 35% of patients. Adverse reactions which required dosage interruption or delay in ≥1% of patients included ALT increased (3.6%), AST (3.6%), amylase increased (3.4%), AST increased (3.1%), lipase increased (2.8%), pneumonia (1.5%), hepatitis (1.5%), pyrexia (1.5%), anemia (1.3%), thrombocytopenia (1%), hyperthyroidism (1%), pneumonitis (1%), and blood creatinine increased (1%).

Table 5 summarizes the adverse reactions that occurred in patients treated with IMJUDO in combination with durvalumab in the HIMALAYA study.

#### Table 5. Adverse Reactions Occurring in ≥ 10% Patients in the HIMALAYA study

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>IMJUDO and Durvalumab (N=388)</th>
<th>Sorafenib (N=374)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Reaction</td>
<td>All Grades (%)</td>
<td>Grade 3-4 (%)</td>
</tr>
<tr>
<td><strong>Gastrointestinal disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea1</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>Abdominal pain1</td>
<td>20</td>
<td>1.8</td>
</tr>
<tr>
<td>Nausea</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td><strong>Skin and subcutaneous tissue disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash1</td>
<td>32</td>
<td>2.8</td>
</tr>
<tr>
<td>Pruritus</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td><strong>Metabolism and nutrition disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>17</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>General disorders and administration site conditions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>26</td>
<td>3.9</td>
</tr>
<tr>
<td>Pyrexia1</td>
<td>13</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Psychiatric disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td>10</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Endocrine disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism1</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td><strong>Musculoskeletal and Connective Tissue Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal pain1</td>
<td>22</td>
<td>2.6</td>
</tr>
</tbody>
</table>

1 Represents a composite of multiple related terms.

Table 6 summarizes the laboratory abnormalities that occurred in patients treated with IMJUDO in combination with durvalumab in the HIMALAYA study.

#### Table 6. Laboratory Abnormalities Worsening from Baseline Occurring in ≥ 20% of Patients in the HIMALAYA study

<table>
<thead>
<tr>
<th>Laboratory Abnormality instruction</th>
<th>IMJUDO and Durvalumab (N=388)</th>
<th>Sorafenib (N=374)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Abnormality instruction</td>
<td>Any grade1 (%)</td>
<td>Grade 3 or 4 (%)</td>
</tr>
<tr>
<td><strong>Chemistry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspartate Aminotransferase1 increased</td>
<td>63</td>
<td>27</td>
</tr>
<tr>
<td>Alanine Aminotransferase1 increased</td>
<td>56</td>
<td>18</td>
</tr>
<tr>
<td>Sodium decreased</td>
<td>46</td>
<td>15</td>
</tr>
<tr>
<td>Bilirubin increased</td>
<td>41</td>
<td>8</td>
</tr>
<tr>
<td>Alkaline Phosphatase1 increased</td>
<td>41</td>
<td>8</td>
</tr>
<tr>
<td>Glucose increased</td>
<td>39</td>
<td>14</td>
</tr>
<tr>
<td>Calcium decreased</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Albumin decreased</td>
<td>31</td>
<td>0.5</td>
</tr>
</tbody>
</table>
Table 6. Laboratory Abnormalities Worsening from Baseline Occurring in ≥ 20% of Patients in the HIMALAYA study (cont’d)

<table>
<thead>
<tr>
<th>Laboratory Abnormality</th>
<th>IMJUDO and Durvalumab</th>
<th>Sorafenib</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium increased</td>
<td>Any grade(1) (38) Grade 3 or 4 (10)</td>
<td>Any grade(1) (38) Grade 3 or 4 (10)</td>
</tr>
<tr>
<td>Creatinine increased</td>
<td>28 3.8 21 2.6</td>
<td>21 1.3 15 0.9</td>
</tr>
<tr>
<td>Hematology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin decreased</td>
<td>52 4.8 40 6</td>
<td></td>
</tr>
<tr>
<td>Lymphocytes decreased</td>
<td>41 11 39 10</td>
<td></td>
</tr>
<tr>
<td>Platelets decreased</td>
<td>29 1.6 35 3.1</td>
<td></td>
</tr>
<tr>
<td>Leukocytes decreased</td>
<td>20 0.8 30 1.1</td>
<td></td>
</tr>
</tbody>
</table>

1 Graded according to NCI CTCAE version 4.03.
2 Each test incidence is based on the number of patients who had both baseline and at least one on-study laboratory measurement available: IMJUDO with durvalumab (range: 367-378) and sorafenib (range: 344-352).

Non-Small Cell Lung Cancer

Metastatic NSCLC – POSEIDON

The safety of IMJUDO in combination with durvalumab and platinum-based chemotherapy in patients with metastatic NSCLC was evaluated in POSEIDON (NCT03164616), a randomized, open-label, multicenter, active-controlled trial. A total of 330 patients received IMJUDO (≥ 30 kg body weight received 75 mg and ≤ 30 kg body weight received 1mg/kg) in combination with durvalumab 1.500 mg and histology-based platinum chemotherapy regimens [see Clinical Studies (14.2)]. Of these patients, 86% received up to the maximum 5 doses of IMJUDO and 79% received at least 4 doses. Treatment was continued with durvalumab as a single agent (or with durvalumab and histology-based pemetrexed for non-squamous patients, based on the investigator’s decision) until disease progression or unacceptable toxicity. The trial excluded patients with active or prior autoimmune disease or with medical conditions that required systemic corticosteroids or immunosuppressants [see Clinical Studies (14.2)].

The median age of patients who received IMJUDO in combination with durvalumab and platinum-based chemotherapy was 63 years (range: 27 to 87); 80% male; 61% White; 29% Asian; 58% former smoker; 25% current smoker, and 68% ECOG performance of 1.

Serious adverse reactions occurred in 44% of patients receiving IMJUDO in combination with durvalumab and platinum-based chemotherapy. The most frequent serious adverse reactions reported in at least 2% of patients were 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 receiving IMJUDO in combination with durvalumab and platinum-based chemotherapy. These include hepatitis, nephritis, myocarditis, pancreatitis (all in the same patient), death (2 patients), sepsis (2 patients), pneumonitis (2 patients), acute kidney injury (2 patients), febrile neutropenia (1 patient), chronic obstructive pulmonary disease (1 patient), dyspnea (1 patient), sudden death (1 patient), and ischemic stroke (1 patient).

Permanent discontinuation of IMJUDO or durvalumab due to an adverse reaction occurred in 17% of the patients. Adverse reactions which resulted in permanent discontinuation of IMJUDO or durvalumab in > 2% of patients included pneumonia. Dosage interruptions or delay of IMJUDO and durvalumab due to an adverse reaction occurred in 41% of patients. Adverse reactions which required dosage interruption or delay of IMJUDO and durvalumab in > 1% of patients included anemia, leukopenia/white blood cell count decreased, pneumonia, pneumonitis, colitis, diarrhea, hepatitis, rash, asthenia, amylase increased, alanine aminotransferase increased, aspartate aminotransferase increased, lipase increased, neutropenia/neutrophil count decreased, and thrombocytopenia/platelet count decreased.

The most common adverse reactions (occurring in ≥ 20% of patients) were nausea, fatigue, musculoskeletal pain, decreased appetite, rash, and diarrhea. Grade 3 or 4 laboratory abnormalities (≥ 10%) were neutropenia, anemia, leukopenia, lymphocytopenia, lipase increased, hyponatremia, and thrombocytopenia.

Table 7 summarizes the adverse reactions in POSEIDON.

Table 7. Laboratory Abnormalities Worsening from Baseline Occurring in ≥ 10% in Patients with NSCLC Who Received IMJUDO in the POSEIDON Study

<table>
<thead>
<tr>
<th>Laboratory Abnormality</th>
<th>IMJUDO with Durvalumab and platinum-based chemotherapy N = 330</th>
<th>Platinum-based chemotherapy N = 333</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Reaction</td>
<td>All Grades (%) Grade 3 or 4 (%) All Grades (%) Grade 3 or 4 (%)</td>
<td></td>
</tr>
<tr>
<td>Respiratory, thoracic and mediastinal disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough/Productive Cough</td>
<td>12 0</td>
<td>8 0.3</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>42 1.8</td>
<td>37 2.1</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>22 1.5</td>
<td>15 1.5</td>
</tr>
<tr>
<td>Constipation</td>
<td>19 0</td>
<td>24 0.6</td>
</tr>
<tr>
<td>Vomiting</td>
<td>18 1.2</td>
<td>14 1.5</td>
</tr>
<tr>
<td>Stomatitis</td>
<td>10 0</td>
<td>6 0.3</td>
</tr>
<tr>
<td>Endocrine disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>13 0</td>
<td>2.1 0</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td>27 2.4</td>
<td>10 0.6</td>
</tr>
<tr>
<td>Alopecia</td>
<td>10 0</td>
<td>6 0</td>
</tr>
<tr>
<td>Pruritus</td>
<td>11 0</td>
<td>4.5 0</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue/Anemia</td>
<td>36 5</td>
<td>32 4.5</td>
</tr>
<tr>
<td>Pyrexia</td>
<td>19 0</td>
<td>8 0</td>
</tr>
<tr>
<td>Edema</td>
<td>10 0</td>
<td>10 0.6</td>
</tr>
<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal Pain</td>
<td>29 0.6</td>
<td>22 1.5</td>
</tr>
<tr>
<td>Metabolism and nutrition disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>28 1.5</td>
<td>25 1.2</td>
</tr>
<tr>
<td>Infections and Infestations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>17 8</td>
<td>12 4.2</td>
</tr>
<tr>
<td>Upper respiratory tract infections</td>
<td>15 0.6</td>
<td>9 0.9</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>11 0</td>
<td>8 0.6</td>
</tr>
</tbody>
</table>

1 Includes cough and productive cough.
2 Includes mucosal inflammation and stomatitis.
3 Includes blood thyroid stimulating hormone increased and hypothyroidism.
4 Includes eczema, erythema, dermatitis, drug eruption, erythema multiforme, pemphigoid, rash, rash macule-papular, rash papular, rash pruritic and rash pustular.
5 Includes anesthesia and fatigue.
6 Includes face edema, localized edema, and edema peripheral.
7 Includes arthralgia, arthritis, back pain, bone pain, musculoskeletal chest pain, musculoskeletal pain, myalgia, neck pain, non-cardiac chest pain, spinal pain.
8 Includes lower respiratory tract infection, pneumocystis jirovecii pneumonia, pneumonia, pneumonia aspiration, pneumonia bacterial.
9 Includes laryngitis, nasopharyngitis, pharyngitis, rhinitis, sinusitis, tonsillitis, tracheobronchitis and upper respiratory tract infection.
10 Includes headache, migraine.

Table 8 summarizes the laboratory abnormalities in POSEIDON.

Table 8: Select Laboratory Abnormalities (≥ 10%) That Worsened from Baseline in Patients with NSCLC Who Received IMJUDO in the POSEIDON Study

<table>
<thead>
<tr>
<th>Laboratory Abnormality</th>
<th>IMJUDO with Durvalumab and platinum-based chemotherapy N = 330</th>
<th>Platinum-based chemotherapy N = 333</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Grades (%) Grade 3 or 4 (%)</td>
<td>All Grades (%) Grade 3 or 4 (%)</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipase increased</td>
<td>35 14</td>
<td>25 5</td>
</tr>
<tr>
<td>Hyponatremia</td>
<td>55 13</td>
<td>50 11</td>
</tr>
<tr>
<td>Hypernatremia</td>
<td>15 0</td>
<td>14 0</td>
</tr>
<tr>
<td>Amylase increased</td>
<td>41 9</td>
<td>25 6</td>
</tr>
<tr>
<td>Hypokalemia</td>
<td>21 7</td>
<td>17 2.8</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>42 6</td>
<td>37 3.1</td>
</tr>
<tr>
<td>Increased ALT</td>
<td>64 6</td>
<td>56 4.7</td>
</tr>
<tr>
<td>Increased AST</td>
<td>63 5</td>
<td>55 2.2</td>
</tr>
</tbody>
</table>
Table 8: Select Laboratory Abnormalities (≥ 10%) That Worsened from Baseline in Patients with NSCLC Who Received IMJUDO in the POSEIDON Study (cont’d)

<table>
<thead>
<tr>
<th>Laboratory Abnormality</th>
<th>IMJUDO with Durvalumab and Platinum-based chemotherapy</th>
<th>Platinum-based chemotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Grades (%)</td>
<td>Grade 3 or 4 (%)</td>
</tr>
<tr>
<td>Blood creatinine increased</td>
<td>89</td>
<td>4.0</td>
</tr>
<tr>
<td>Increased Alkaline Phosphatase</td>
<td>33</td>
<td>3.4</td>
</tr>
<tr>
<td>Gamma Glutamyl Transferase increased</td>
<td>38</td>
<td>2.2</td>
</tr>
<tr>
<td>Hyperkalemia</td>
<td>49</td>
<td>2.2</td>
</tr>
<tr>
<td>Albumin decreased</td>
<td>27</td>
<td>1.9</td>
</tr>
<tr>
<td>Hypocalcemia</td>
<td>58</td>
<td>0.9</td>
</tr>
<tr>
<td>Hypomagnesemia</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Bilirubinemia</td>
<td>16</td>
<td>0.9</td>
</tr>
<tr>
<td>Hematology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutropenia</td>
<td>74</td>
<td>37</td>
</tr>
<tr>
<td>Anemia</td>
<td>84</td>
<td>24</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>Lymphocytopenia</td>
<td>67</td>
<td>20</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>53</td>
<td>11</td>
</tr>
</tbody>
</table>

1 Graded according to NCI CTCAE version 4.03.
2 The denominator used to calculate the rate varied from 45 to 326 based on the number of patients with a baseline value and at least one post-treatment value.
3 The denominator used to calculate the rate varied from 43 to 323 based on the number of patients with a baseline value and at least one post-treatment value.

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy

Risk summary

Based on findings from animal studies and its mechanism of action, IMJUDO can cause fetal harm when administered to a pregnant woman [see Clinical Pharmacology (12.1)]. There are no available data on the use of IMJUDO in pregnant women. In animal studies, CTLA-4 blockade is associated with increased risk of immune-mediated rejection of the developing fetus and fetal death [see Data].

Human immunoglobulin G2 (IgG2) is known to cross the placental barrier; therefore, IMJUDO has the potential to be transmitted from the mother to the developing fetus. Advise pregnant women and females of reproductive potential of the potential risk to a fetus.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

In a reproduction study, administration of tremelimumab-actl to pregnant cynomolgus monkeys during the period of organogenesis was not associated with maternal toxicity or effects on embryofetal development at exposure levels approximately 4 to 31-times higher than those observed at a recommended dose range of 75 mg to 300 mg based on area under the curve (AUC). CTLA-4 plays a role in maintaining maternal immune tolerance to the fetus to preserve pregnancy and in immune regulation of the newborn. In a murine model of pregnancy, CTLA-4 blockade resulted in increased resorptions and reduced live fetuses. Mated genetically engineered mice heterozygous for CTLA-4 (CTLA-4+/−) gave birth to CTLA-4−/− offspring and offspring deficient in CTLA-4 (homozygous negative, CTLA-4−/−) that appeared healthy at birth. The CTLA-4−/− homozygous negative offspring developed signs of a lymphoproliferative disorder and died by 3 to 4 weeks of age with multiorgan tissue destruction. Based on its mechanism of action, fetal exposure to tremelimumab-actl may increase the risk of developing immune-mediated disorders or altering the normal immune response.

8.2 Lactation

Risk Summary

There are no data on the presence of tremelimumab-actl in human milk, its effects on a breastfed child, or on milk production. Maternal IgG is known to be present in human milk. The effects of local gastrointestinal exposure and limited systemic exposure in the breastfed child to IMJUDO are unknown. Because of the potential for serious adverse reactions in the breastfed child, advise women not to breastfeed during treatment with IMJUDO and for 3 months after the last dose. Refer to the Prescribing Information for agents administered in combination with IMJUDO for breastfeeding recommendations, as appropriate.

8.3 Females and Males of Reproductive Potential

IMJUDO can cause fetal harm when administered to a pregnant woman [see Use in Specific Populations (8.1)].

Pregnancy Testing

Verify pregnancy status of females of reproductive potential prior to initiating treatment with IMJUDO.

Contraception

Advise females of reproductive potential to use effective contraception during treatment with IMJUDO and for 3 months after the last dose. Refer to the Prescribing Information for the agents administered in combination with IMJUDO for recommended contraception duration, as appropriate.

8.4 Pediatric Use

The safety and effectiveness of tremelimumab-actl have not been established in pediatric patients.

8.5 Geriatric Use

Of the 393 patients with uHCC treated with IMJUDO in combination with durvalumab, 50% of patients were 65 years or older and 13% of patients were 75 years or older. No overall differences in safety or efficacy of IMJUDO have been observed between patients 65 years or older and younger adult patients.

Of the 330 patients with metastatic NSCLC treated with IMJUDO in combination with durvalumab and platinum-based chemotherapy, 143 (43%) patients were 65 years or older and 35 (11%) patients were 75 years or older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects.

11 DESCRIPTION

Tremelimumab-actl, a cytotoxic T-lymphocyte-associated antigen 4 (CTLA-4) blocking human IgG2 monoclonal antibody, is produced by recombinant DNA technology in NS0 cell suspension culture and has a molecular weight of 149 kDa. IMJUDO (tremelimumab-actl) injection is a sterile, preservative-free, clear to slightly opalescent, colorless to slightly yellow solution, in a single-dose vial for intravenous infusion after dilution. IMJUDO contains tremelimumab-actl at a concentration of 20 mg/mL in either a 25 mg/1.25 mL or a 300 mg/15 mL single-dose vial.

Each mL contains 20 mg of tremelimumab-actl, and edetate disodium (0.09 mg), histidine (0.68 mg), L-histidine hydrochloride monohydrate (3.3 mg), polysorbate 80 (0.2 mg), trehalose (76 mg), and Water for Injection, USP. The pH is approximately 5.5.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

CTLA-4 is a negative regulator of T-cell activity. Tremelimumab-actl is a monoclonal antibody that binds to CTLA-4 and blocks the interaction with its ligands CD80 and CD86, releasing CTLA-4-mediated inhibition of T-cell activation. In synergistic mouse tumor models, blocking CTLA-4 activity resulted in decreased tumor growth and increased proliferation of T cells in tumors.

12.2 Pharmacodynamics

The exposure-response relationship and time course of pharmacodynamic response for the safety and effectiveness of tremelimumab-actl have not been fully characterized.

12.3 Pharmacokinetics

The pharmacokinetics of tremelimumab-actl was studied in patients with other solid tumors following administration of doses 1 mg/kg, 3 mg/kg, and 10 mg/kg (1- to 10-times the approved recommended dosage) administered once every 4 weeks for 4 doses. The pharmacokinetics of tremelimumab-actl as a single dose of 300 mg were evaluated in patients with HCC.

The AUC of tremelimumab-actl increased proportionally from 1 mg/kg to 10 mg/kg every 4 weeks (1 to 10-times the approved dosage) and steady state was achieved at approximately 12 weeks.

Distribution

The geometric mean (CV%) clearance of tremelimumab-actl was 0.236 L/day (32%) after a single dose and 0.263 L/day (32%) during steady state.

Elimination

The geometric mean (CV%) terminal half-life of tremelimumab-actl was 16.9 days (19%) after a single dose and 18.2 days (19%) during steady state. The geometric mean (CV%) of tremelimumab-actl was 0.236 L/day (32%) after a single dose and 0.263 L/day (32%) during steady state.

Specific Populations

There were no clinically significant differences in the pharmacokinetics of tremelimumab-actl based on body weight (34 to 149 kg), age (18 to 87 years), sex, race (White, Black, Asian, Native Hawaiian, Pacific Islander, or American Indian), serum albumin levels (0.3 to 3.96 g/dL), lactate dehydrogenase levels (12 to 5570 U/L), soluble PD-L1 (67 to 349 pg/mL), tumor type (NSCLC, HCC), organ dysfunction including mild to moderate renal impairment (CLcr 30 to 89 mL/min), and mild to moderate hepatic impairment (bilirubin < 3 x ULN and any AST).
The effect of severe renal impairment (ClCr 15 to 29 mL/min) or severe hepatic impairment (bilirubin > 3 x ULN and any AST) on the pharmacokinetics of tremelimumab-actl is unknown.

12.6 Immunogenicity

The observed incidence of anti-drug antibodies (ADA) is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparison of the incidence of ADA in the studies described below with the incidence of ADA in other studies, including those of tremelimumab-actl.

In the HIMALAYA study, of the 182 patients who were treated with a single dose of tremelimumab-actl in combination with durvalumab once in every 4 weeks therapy and evaluable for the presence of ADAs against tremelimumab-actl at predose week 0 and week 4, 11% (20/182) of patients tested positive for anti-tremelimumab-actl antibodies. Among the 20 patients who tested positive for ADAs 40% (8/20) tested positive for neutralizing antibodies against tremelimumab-actl. There was no identified clinically significant effect of anti-tremelimumab antibodies on the pharmacokinetics or safety of tremelimumab-actl; however, the effect of ADAs and neutralizing antibodies on the effectiveness of tremelimumab-actl is unknown.

In the POSEIDON study, of the 278 ADA-evaluable patients who were treated with IMJUDO plus durvalumab or durvalumab once in every 4 weeks therapy, according to institutional standards, was required for patients with known or suspected hepatic vein outflow obstruction, uncontrolled ascites or variceal hemorrhage, severe or uncontrolled tumor-related pain, severe respiratory impairment, severe or uncontrolled hyperbilirubinemia, or uncontrollable ascites requiring non-pharmacologic intervention within 6 months; hepatic encephalopathy within 12 months before the start of treatment; active or prior documented autoimmune or inflammatory disorders.

The baseline demographics of the IMJUDO plus durvalumab and sorafenib arms were as follows: male (85%), age < 65 years (50%), median age of 65 years (range: 18 to 88 years), White (46%), Asian (49%), Black or African American (2%), Native Hawaiian or other Pacific Islander (0.1%), race Unknown (2%), Hispanic or Latino (5%), Not Hispanic or Latino (94%), ethnicity Unknown (1%), ECOG PS 0 (82%); Child-Pugh Class A (99%), macrovascular invasion (26%), extrahepatic spread (53%), viral etiology hepatitis B (31%), hepatitis C (27%), unknown (42%).

Efficacy results are presented in Table 9 and Figure 1.

Table 9. Efficacy Results for HIMALAYA Study

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>IMJUDO and Durvalumab (N=395)</th>
<th>Sorafenib (N=399)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of deaths (%)</td>
<td>282 (66.7)</td>
<td>293 (75.3)</td>
</tr>
<tr>
<td>Median OS (months) (95% CI)</td>
<td>16.4 (14.2, 19.6)</td>
<td>13.8 (12.3, 16.1)</td>
</tr>
<tr>
<td>HR (95% CI)</td>
<td>0.78 (0.66, 0.92)</td>
<td></td>
</tr>
<tr>
<td>p-value</td>
<td>0.0035</td>
<td></td>
</tr>
<tr>
<td>PFS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of events (%)</td>
<td>335 (85.2)</td>
<td>327 (81.4)</td>
</tr>
<tr>
<td>Median PFS (months) (95% CI)</td>
<td>3.8 (3.7, 5.3)</td>
<td>4.1 (3.7, 5.5)</td>
</tr>
<tr>
<td>HR (95% CI)</td>
<td>0.90 (0.77, 1.05)</td>
<td></td>
</tr>
<tr>
<td>ORR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORR % (95% CI)</td>
<td>20.1 (16.3, 24.4)</td>
<td>5.1 (3.2, 7.8)</td>
</tr>
<tr>
<td>Complete Response n (%)</td>
<td>12 (3.1)</td>
<td>0</td>
</tr>
<tr>
<td>Partial Response n (%)</td>
<td>67 (17.0)</td>
<td>20 (5.1)</td>
</tr>
<tr>
<td>DoR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median DoR (months) (95% CI)</td>
<td>22.3 (13.7, NR)</td>
<td>18.4 (6.5, 26.0)</td>
</tr>
<tr>
<td>% with duration ≥ 6 months</td>
<td>82.3</td>
<td>78.9</td>
</tr>
<tr>
<td>% with duration ≥ 12 months</td>
<td>65.8</td>
<td>63.2</td>
</tr>
</tbody>
</table>

* HR (IMJUDO and durvalumab vs. sorafenib) based on the stratified Cox proportional hazard model.
* Based on a stratified log-rank test.
* Based on a Lan-DeMets alpha spending function with O’Brien Fleming type boundary and the actual number of events observed, the boundary for declaring statistical significance for IMJUDO and durvalumab vs. sorafenib was 0.0398 (Lan and DeMets 1983).
* Confirmed complete response or partial response.
* Based on Clopper-Pearson method.

Figure 1. Kaplan-Meier curve of OS

14.2 Metastatic NSCLC

Metastatic NSCLC - POSEIDON

The efficacy of IMJUDO in combination with durvalumab and platinum-based chemotherapy in previously untreated metastatic NSCLC patients with no sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) genomic tumor aberrations was investigated in POSEIDON, a randomized, multicenter, active-controlled, open-label trial (NCT03164616). Eligible patients had Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or 1 and must have had no prior chemotherapy or any other systematic therapy for metastatic NSCLC. Choice of platinum-based chemotherapy was at the Investigator's discretion, taking into consideration the calculated creatinine clearance. Patients with active and/or untreated brain metastases; a history of active primary immunodeficiency; autoimmune disorders including active or prior documented autoimmune or inflammatory disorders; use of systemic immunosuppressants within 14 days before the first dose of the treatment except physiological dose of systemic corticosteroids were ineligible.

Randomization was stratified by tumor cells (TC) PD-L1 expression (TC ≥ 50% vs. TC < 50%), disease stage (Stage IVA vs. Stage IVB), and histology (non-squamous vs. squamous).
Patients were randomized 1:1:1 to receive IMJUDO in combination with durvalumab and platinum-based chemotherapy according to the regimens listed below, durvalumab and platinum-based chemotherapy (an unapproved regimen for metastatic NSCLC), or platinum-based chemotherapy. The evaluation of efficacy for metastatic NSCLC relied on comparison between:

- IMJUDO 75 mg (or 1mg/kg for patients < 30kg) with durvalumab 1,500 mg and platinum-based chemotherapy every 3 weeks for 4 cycles, followed by durvalumab 1,500 mg every 4 weeks as a single agent. A fifth dose of IMJUDO 75 mg (or 1mg/kg for patients < 30kg) was given at Week 16 in combination with durvalumab dose 6.
- Platinum-based chemotherapy every 3 weeks as monotherapy for 4 cycles. Patients could receive an additional 2 cycles (a total of 6 cycles post-randomization), as clinically indicated, at Investigator’s discretion.

Patients received IMJUDO and durvalumab in combination with one of the following platinum-based chemotherapy regimens:

- Non-squamous NSCLC
  - Pemetrexed 500 mg/m² with carboplatin AUC 5-6 or cisplatin 75 mg/m² every 3 weeks for 4 cycles
- Squamous NSCLC
  - Gemcitabine 1,000 or 1,250 mg/m² on Days 1 and 8 with cisplatin 75 mg/m² or carboplatin AUC 5-6 on Day 1 every 3 weeks for 4 cycles
- Non-squamous and Squamous NSCLC
  - Nab-paclitaxel 100 mg/m² on Days 1, 8, and 15 with carboplatin AUC 5-6 on Day 1 every 3 weeks for 4 cycles

IMJUDO was given up to a maximum of 5 doses. Durvalumab and histology-based pemetrexed continued every 4 weeks until disease progression or unacceptable toxicity. Administration of durvalumab monotherapy was permitted beyond disease progression if the patient was clinically stable and deriving clinical benefit as determined by the Investigator. Patients with disease progression during durvalumab monotherapy were given the option to be retreated with 4 additional cycles of IMJUDO in combination with durvalumab. Tumor assessments were performed at Week 6, Week 12, and then every 8 weeks thereafter.

The major efficacy outcome measures were progression free survival (PFS) and overall survival (OS) of IMJUDO and durvalumab in combination with platinum-based chemotherapy compared to platinum-based chemotherapy alone. Additional efficacy outcome measures were overall response rate (ORR) and duration of response (DoR). PFS, ORR, and DoR were assessed using Blinded Independent Central Review (BICR) according to RECist v1.1.

A total of 675 patients were randomized to receive either IMJUDO with durvalumab and platinum-based chemotherapy (n=338) or platinum-based chemotherapy (n=337). The median age was 63 years (range: 27 to 87), 46% of patients age ≥ 65 years, 77% male, 57% White, 34% Asian, 0.3% Native Hawaiian or Other Pacific Islander, 3% American Indian or Alaska Native, 2% Black or African American, 4% Other Race, 79% former or current smoker, 34% EGOG PS 0, and 66% EGOG PS 1. Thirty-six percent had squamous histology, 63% non-squamous histology, 29% PD-L1 expression TC ≥ 50%, 71% PD-L1 expression TC < 50%.

Efficacy results are summarized in Table 10 and Figure 2.

### Table 10. Efficacy Results for POSEIDON

<table>
<thead>
<tr>
<th></th>
<th>IMJUDO with durvalumab and platinum-based chemotherapy (n=338)</th>
<th>Platinum-based chemotherapy (n=337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of deaths (%)</td>
<td>251 (74)</td>
<td>285 (85)</td>
</tr>
<tr>
<td>Median OS (months) (95% CI)</td>
<td>14.0 (11.7, 16.1)</td>
<td>11.7 (10.5, 13.1)</td>
</tr>
<tr>
<td>HR (95% CI)</td>
<td>0.77 (0.65, 0.92)</td>
<td>0.88 (0.75, 1.03)</td>
</tr>
<tr>
<td>p-value‡</td>
<td>0.00304</td>
<td></td>
</tr>
<tr>
<td>PFS†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of events (%)</td>
<td>238 (70)</td>
<td>258 (77)</td>
</tr>
<tr>
<td>Median PFS (months) (95% CI)</td>
<td>6.2 (6.0, 6.5)</td>
<td>4.8 (4.6, 5.8)</td>
</tr>
<tr>
<td>HR (95% CI)</td>
<td>0.72 (0.60, 0.86)</td>
<td>0.80 (0.68, 0.94)</td>
</tr>
<tr>
<td>p-value‡</td>
<td>0.00031</td>
<td></td>
</tr>
<tr>
<td>ORR % (95% CI)</td>
<td>39 (34, 44)</td>
<td>24 (20, 29)</td>
</tr>
<tr>
<td>Median DoR (months) (95% CI)</td>
<td>9.5 (7.2, NR)</td>
<td>5.1 (4.4, 6.0)</td>
</tr>
</tbody>
</table>

† PFS/OS results are based on planned analyses which occurred 25/46 months respectively after study initiation.
‡ 2-sided p-values based on log-rank tests stratified by PD-L1, histology and disease stage and compared to a boundary value of 0.00735 for PFS and 0.00797 for OS.
§ Confirmed responses with 95% Clopper-Pearson confidence intervals.
NR=Not Reached, CI=Confidence Interval
What is the most important information I should know about IMJUDO?

IMJUDO is a medicine that may treat certain cancers by working with your immune system.

IMJUDO in combination with durvalumab can cause your immune system to attack normal organs and tissues in any area of your body and can affect the way they work. These problems can sometimes become severe or life-threatening and can lead to death. You can have more than one of these problems at the same time. These problems may happen anytime during treatment or even after your treatment has ended.

Call or see your healthcare provider right away if you develop any new or worsening signs or symptoms, including:

**Lung problems.**
- cough
- shortness of breath
- chest pain

**Intestinal problems.**
- diarrhea (loose stools) or more frequent bowel movements than usual
- stools that are black, tarry, sticky, or have blood or mucus
- severe stomach-area (abdomen) pain or tenderness

**Liver problems.**
- yellowing of your skin or the whites of your eyes
- severe nausea or vomiting
- pain on the right side of your stomach-area (abdomen)
- dark urine (tea colored)
- bleeding or bruising more easily than normal

**Hormone gland problems.**
- headaches that will not go away or unusual headaches
- eye sensitivity to light
- eye problems
- rapid heartbeat
- increase sweating
- extreme tiredness
- weight gain or weight loss
- urinating more often than usual
- hair loss
- feeling cold
- constipation
- your voice gets deeper
- dizziness or fainting
- changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness
- eye problems
- constipation
- rapid heartbeat
- feeling more hungry or thirsty than usual
- extreme tiredness
- changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness

**Kidney problems.**
- decrease in your amount of urine
- blood in your urine
- swelling of your ankles
- loss of appetite

**Skin problems.**
- rash
- itching
- skin blistering or peeling
- painful sores or ulcers in mouth or nose, throat, or genital area
- fever or flu-like symptoms
- swollen lymph nodes

**Pancreas problems.**
- pain in your upper stomach-area (abdomen)
- severe nausea or vomiting
- loss of appetite

**Problems can also happen in other organs and tissues.** These are not all of the signs and symptoms of immune system problems that can happen with IMJUDO. Call or see your healthcare provider right away for any new or worsening signs or symptoms, which may include:
- chest pain, irregular heartbeats, shortness of breath or swelling of ankles
- confusion, sleepiness, memory problems, changes in mood or behavior, stiff neck, balance problems, tingling or numbness of the arms or legs
- double vision, blurry vision, sensitivity to light, eye pain, changes in eye sight
- persistent or severe muscle pain or weakness, muscle cramps
- low red blood cells, bruising
Infusion reactions that can sometimes be severe or life-threatening. Signs and symptoms of infusion reactions may include:

- chills or shaking
- itching or rash
- flushing
- shortness of breath or wheezing
- dizziness
- feel like passing out
- fever
- back or neck pain

Getting medical treatment right away may help keep these problems from becoming more serious. Your healthcare provider will check you for these problems during your treatment with IMJUDO. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may also need to delay or completely stop treatment with IMJUDO, if you have severe side effects.

<table>
<thead>
<tr>
<th>What is IMJUDO?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMJUDO is a prescription medicine used to treat adults with:</td>
</tr>
<tr>
<td>- <strong>a type of liver cancer</strong> called unresectable hepatocellular carcinoma (uHCC). IMJUDO may be used in combination with durvalumab when your uHCC cannot be removed by surgery.</td>
</tr>
<tr>
<td>- <strong>a type of lung cancer</strong> called non-small cell lung cancer (NSCLC). IMJUDO may be used in combination with durvalumab and chemotherapy that contains platinum when your NSCLC:</td>
</tr>
<tr>
<td>- has spread to other parts of your body (metastatic), and</td>
</tr>
<tr>
<td>- your tumor does not have an abnormal &quot;EGFR&quot; or &quot;ALK&quot; gene.</td>
</tr>
<tr>
<td>It is not known if IMJUDO is safe and effective in children.</td>
</tr>
</tbody>
</table>

Before you receive IMJUDO, tell your healthcare provider about all of your medical conditions, including if you:

- have immune system problems such as Crohn’s disease, ulcerative colitis, or lupus
- have a condition that affects your nervous system, such as myasthenia gravis or Guillain-Barré syndrome
- are pregnant or plan to become pregnant. IMJUDO can harm your unborn baby.

- **Females who are able to become pregnant**
  - Your healthcare provider should do a pregnancy test before you start treatment with IMJUDO.
  - You should use an effective method of birth control during your treatment and for 3 months after your last dose of IMJUDO. Talk to your healthcare provider about birth control methods that you can use during this time.
  - Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with IMJUDO.
- are breastfeeding or plan to breastfeeding. It is not known if IMJUDO passes into your breast milk. Do not breastfeed during treatment and for 3 months after your last dose of IMJUDO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive IMJUDO?

- Your healthcare provider will determine your treatment schedule and cycles of treatment.
- Your healthcare provider will give you IMJUDO into your vein through an intravenous (IV) line over 60 minutes.

### For the treatment of uHCC:

- On the same day you receive IMJUDO, you will receive durvalumab through an intravenous (IV) line over 60 minutes.
- IMJUDO is given to you as a single dose.
- You will then receive durvalumab every 4 weeks.

### For the treatment of NSCLC:

- On the same day you receive IMJUDO, you will receive durvalumab followed by platinum-containing chemotherapy. You will receive combination chemotherapy every 3 weeks for four cycles (Cycle 1 to 4).
- You will then receive durvalumab for one cycle (Cycle 5), and then IMJUDO in combination with durvalumab for one cycle only (Cycle 6).
- You will then receive durvalumab every 4 weeks.
- Your healthcare provider will decide if you will also receive additional chemotherapy with each cycle.
- Your healthcare provider will test your blood to check you for certain side effects.
- If you miss your appointment, call your healthcare provider as soon as possible to reschedule your appointment.
**What are the possible side effects of IMJUDO?**

**IMJUDO can cause serious side effects, including:**

See “What is the most important information I should know about IMJUDO?”

The most common side effects of IMJUDO when used in combination with durvalumab in adults with uHCC include:
- rash
- diarrhea
- feeling tired

The most common side effects of IMJUDO when used in combination with durvalumab and platinum-containing chemotherapy in adults with metastatic NSCLC include:
- nausea
- feeling tired or weak
- muscle or bone pain

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of IMJUDO. Ask your healthcare provider or pharmacist for more information. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**General information about the safe and effective use of IMJUDO.**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. If you would like more information about IMJUDO, talk with your healthcare provider. You can ask your healthcare provider for information about IMJUDO that is written for health professionals.

**What are the ingredients in IMJUDO?**

**Active ingredient:** tremelimumab-actl

**Inactive ingredients:** edetate disodium, histidine, L-histidine hydrochloride monohydrate, polysorbate 80, trehalose, and Water for Injection, USP.

Manufactured for: AstraZeneca Pharmaceuticals LP, Wilmington, DE 19850
Manufactured by: AstraZeneca AB, Södertälje, Sweden SE-15185
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For more information, call 1-800-236-9933 or go to www.IMJUDO.com
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<table>
<thead>
<tr>
<th>Side Effect</th>
<th>IMJUDO with Durvalumab (uHCC)</th>
<th>IMJUDO with Durvalumab and Platinum (Metastatic NSCLC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>feeling tired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>itchiness</td>
<td></td>
<td></td>
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<tr>
<td>muscle or bone pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stomach area (abdominal) pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nausea</td>
<td></td>
<td>decreased appetite</td>
</tr>
<tr>
<td>feeling tired or weak</td>
<td></td>
<td>rash</td>
</tr>
<tr>
<td>muscle or bone pain</td>
<td></td>
<td>diarrhea</td>
</tr>
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