Prescribing Information: LIBTAYO ▼ (cemiplimab) 350mg concentrate for solution for infusion
Please refer to Summary of Product Characteristics (SPC) prior to use.

Presentation: Each vial contains 350mg of cemiplimab in 7ml.
Indications: LIBTAYO as monotherapy is indicated for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma (mCSCC or laCSCC) who are not candidates for curative surgery or curative radiation.
Dosage and Administration: Treatment must be initiated and supervised by physicians experienced in the treatment of cancer. LIBTAYO is administered by intravenous infusion over 30 minutes through an intravenous line containing a sterile, non-pyrogenic, low-protein binding, in-line or add-on filter (0.2 micron to 5 micron pore size). Other medicinal products should not be co-administered through the same infusion line. ***Recommended dose:*** The recommended dose of LIBTAYO is 350 mg, every 3 weeks (Q3W). Treatment may be continued until disease progression or unacceptable toxicity. ***Dose modifications:*** No dose reductions are recommended. Dosing delay or discontinuation may be required based on individual safety and tolerability. Recommended modifications to manage adverse reactions are provided in Table 1 of the SPC.
Special Populations: ***Paediatric (<18 years):*** Safety and efficacy has not been established. ***Elderly:*** No dose adjustment is recommended. Data are limited in patients ≥75 years on LIBTAYO monotherapy. ***Renal impairment:*** No dose adjustment is recommended. There are limited data for LIBTAYO in patients with severe renal impairment (CLcr 15-29ml/min). ***Hepatic impairment:*** No dose adjustment is recommended for patients with mild or moderate hepatic impairment. LIBTAYO has not been studied in patients with severe hepatic impairment.
Contraindications: Hypersensitivity to the active substance or to any of the excipients.
Precautions and Warnings: ***Traceability:*** To improve traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. ***Immune-mediated adverse reactions (IMARs):*** IMARs may involve any organ system. Most IMARs can manifest at any time during treatment, however they can also occur after discontinuation of cemiplimab. IMARs affecting more than one body system can occur simultaneously, such as myositis and myocarditis or myasthenia gravis, in patients treated with cemiplimab or other PD-1/PD-L1 inhibitors. Patients treated with cemiplimab should be monitored for signs and symptoms of IMARs. IMARs should be managed with cemiplimab treatment modifications, hormone replacement therapy (if clinically indicated), and corticosteroids. For suspected IMARs, patients should be evaluated to confirm an IMAR and to exclude other possible causes, including infection. Depending upon the severity of the adverse reaction, cemiplimab should be withheld or permanently discontinued. ***Immune-mediated pneumonitis:*** defined as requiring use of corticosteroids with no clear alternate aetiology, including fatal cases, has been observed. Patients should be monitored for signs and symptoms of pneumonitis and causes other than immune related pneumonitis should be ruled out. Patients with suspected pneumonitis should be evaluated with radiographic imaging as indicated based on clinical evaluation and managed with cemiplimab treatment modifications and corticosteroids. ***Immune-mediated diarrhoea or colitis:*** defined as requiring use of corticosteroids with no clear alternate aetiology, has been observed. Patients should be monitored for signs and symptoms of diarrhoea or colitis and managed with cemiplimab treatment modifications, anti-diarrhoeal agents, and corticosteroids. ***Immune-mediated hepatitis:*** defined as requiring use of corticosteroids with no clear alternate aetiology, including fatal cases, have been observed. Patients should be monitored for abnormal liver tests prior to and periodically during treatment as indicated based on clinical evaluation and managed with cemiplimab treatment modifications and corticosteroids. ***Immune-mediated endocrinopathies:*** defined as treatment-emergent endocrinopathies with no clear alternate aetiology, have been observed. ***Thyroid disorders (Hypothyroidism/ Hyperthyroidism/Thyroiditis):*** Thyroiditis can present with or without an alteration in thyroid function tests. Hypothyroidism can follow hyperthyroidism. Thyroid disorders can occur at any time during the treatment. Patients should be monitored for changes in thyroid function at the start of treatment and periodically during the treatment as indicated based on clinical evaluation. Patients should be managed with hormone replacement therapy (if indicated) and cemiplimab treatment modifications. Hyperthyroidism should be managed according to standard medical practice. ***Hypophysitis:*** Immune-mediated hypophysitis has been observed. Patients should be monitored for signs and symptoms of hypophysitis and managed with cemiplimab treatment modifications, corticosteroids and hormone replacement, as clinically indicated. ***Adrenal insufficiency:*** Patients should be monitored for signs and symptoms of adrenal insufficiency during and after treatment and managed with cemiplimab treatment modifications, corticosteroids and hormone replacement, as clinically indicated. ***Type 1 Diabetes mellitus:*** Immune-mediated type 1 diabetes mellitus, including diabetic ketoacidosis, has been observed. Patients should be monitored for hyperglycaemia and signs and symptoms of diabetes as indicated based on clinical evaluation and managed with oral anti-hyperglycaemics or insulin and cemiplimab treatment modifications. ***Immune-mediated skin adverse reactions:*** defined as requiring use of systemic corticosteroids with no clear alternate aetiology, including severe cutaneous adverse reactions (SCARs), such as Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) (some cases with fatal outcome), and other skin reactions such as rash, erythema multiforme, pemphigoid, have been reported in association with cemiplimab treatment. Patients should be monitored for evidence of suspected severe skin reactions and exclude other causes. Patients should be managed with cemiplimab treatment modifications and corticosteroids. For symptoms or signs of SJS or TEN, refer the patient for specialised care for assessment and treatment and manage patient with treatment modifications. Cases of SJS, fatal TEN and stomatitis occurred following 1 dose of cemiplimab in patients with prior exposure to idelalisib, who were participating in a clinical trial evaluating cemiplimab in Non-Hodgkins Lymphoma (NHL), and who had recent exposure to sulfa containing antibiotics. Patients should be managed with cemiplimab treatment modifications and corticosteroids as described above. ***Immune-mediated nephritis:*** defined as requiring use of corticosteroids with no clear alternate aetiology, including a fatal case, has been observed in patients receiving cemiplimab. Monitor patients

for changes in renal function. Patients should be managed with cemiplimab treatment modifications and corticosteroids. ***Other IMARs:*** Other fatal and life-threatening IMARs have been observed in patients receiving cemiplimab including paraneoplastic encephalomyelitis, meningitis, myositis and myocarditis. Noninfective cystitis has been reported with other PD-1/PD-L1 inhibitors. Evaluate suspected IMARs to exclude other causes. Patients should be monitored for signs and symptoms of IMARs and managed with cemiplimab treatment modifications and corticosteroids as clinically indicated. Solid organ transplant rejection has been reported in the post-marketing setting in patients treated with PD-1 inhibitors. Treatment with cemiplimab may increase the risk of rejection in solid organ transplant recipients. The benefit of treatment with cemiplimab versus the risk of possible organ rejection should be considered in these patients. Cases of graft versus-host disease have been reported in the post-marketing setting in patients treated with other PD-1/PD-L1 inhibitors in association with allogeneic hematopoietic stem cell transplant. ***Infusion-mediated reactions:*** Cemiplimab can cause severe or life-threatening infusion-related reactions. Patients should be monitored for signs and symptoms of infusion-related reactions and managed with cemiplimab treatment modifications and corticosteroids. Cemiplimab should be interrupted or the rate of infusion slowed for mild or moderate infusion-related reactions. The infusion should be stopped and cemiplimab should be permanently discontinued for severe (Grade 3) or life-threatening (Grade 4) infusion-related reactions. ***Patients excluded from clinical studies:*** Patients that had active infections, were immunocompromised, had a history of autoimmune diseases, ECOG PS ≥2 or a history of interstitial lung disease were not included. ***Fertility, Pregnancy and Lactation:*** No clinical data available on the possible effects of cemiplimab on fertility. No effects observed in fertility study on cynomolgus monkeys. Women of childbearing potential should use effective contraception during treatment with cemiplimab and for at least 4 months after the last dose of cemiplimab. Cemiplimab, as an IgG4, has the potential to be transmitted across the placenta from the mother to the developing foetus. Cemiplimab is not recommended during pregnancy and in women of childbearing potential not using effective contraception unless the clinical benefit outweighs the potential risk. It is unknown whether cemiplimab is secreted in human milk. If a lactating woman chooses to be treated with cemiplimab, she should be instructed not to breastfeed while being treated with cemiplimab and for at least 4 months after the last dose. ***Interactions:*** No pharmacokinetic drug-drug interaction studies have been conducted with cemiplimab. The use of systemic corticosteroids or immunosuppressants before starting cemiplimab, except for physiological doses of systemic corticosteroid (≤10 mg/day prednisone or equivalent), should be avoided because of their potential interference with the pharmacodynamic activity and efficacy of cemiplimab. However, systemic corticosteroids or other immunosuppressants can be used after starting cemiplimab to treat IMARs.

Adverse Reactions: ***Very common:*** Upper respiratory tract infection, anaemia, decreased appetite, cough, diarrhoea, nausea, constipation, abdominal pain, rash, pruritus, musculoskeletal pain and fatigue. ***Common:*** Urinary tract infection, infusion related reaction, hypothyroidism, hyperthyroidism, headache, peripheral neuropathy, hypertension, dyspnoea, pneumonitis, vomiting, colitis, stomatitis, hepatitis, actinic keratosis, nephritis, pyrexia, oedema, alanine aminotransferase increased, aspartate aminotransferase increased, blood alkaline phosphatase increased and blood creatinine increased. ***Uncommon:*** Thrombocytopenia, Sjogren's syndrome, thyroiditis, hypophysitis, adrenal insufficiency, myocarditis, pericarditis, gastritis, arthritis, myositis, muscular weakness, polymyalgia rheumatica, blood thyroid stimulating hormone increased, transaminases increased and blood bilirubin increased. ***Rare:*** Type 1 diabetes mellitus, meningitis, encephalitis, myasthenia gravis, paraneoplastic encephalomyelitis, chronic inflammatory demyelinating polyradiculoneuropathy, keratitis, and blood thyroid stimulating hormone decreased. ***Not Known:*** Solid organ transplant rejection and noninfective cystitis. ***Prescribers should consult the SPC in relation to other adverse reactions.*** **Northern Ireland only (NHS List) price:** £4650 per vial. **IE:** Price on application. **Legal Category:** POM. **Marketing Authorisation Number**: EU/1/19/1376/001. **Marketing Authorisation Holder:** Regeneron Ireland Designated Activity Company (DAC), One Warrington Place, Dublin 2, D02 HH27, Ireland. **For more information please contact:** UK: Sanofi, 410 Thames Valley Park Drive, Reading, Berkshire, RG6 1PT, UK. Email: uk-medicalinformation@sanofi.com. IE: Sanofi-Aventis Ireland Limited, 18 Riverwalk, Citywest Business Campus, Dublin 24, Ireland or IE-Medicalinformation@sanofi.com. **Date of preparation:** October 2022. Document number: MAT-IE-2200493 (v1.0)

Adverse events should be reported. Reporting forms and information can be found at:

United Kingdom (Northern Ireland): www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to the Sanofi Drug Safety department on Tel: 0800 0902314. Alternatively, send via email to UK-drugsafety@sanofi.com

Ireland: www.hpra.ie; email: medsafety@hpra.ie. Adverse events should also be reported to Sanofi Ireland Ltd. Tel: 01 403 5600. Alternatively, send via email to IEPharmacovigilance@sanofi.com