

Active substances set

Search phrase: durvalumab

Below you will find a list of active substances registered by the European Medical Agency (EMA) in the last 15 years, recommended by the European Society of Clinical Oncology (ESMO) and their reimbursement status in the country.

Liver cancer

Durvalumab	Hepatocellular Carcinoma (HCC) Durvalumab as monotherapy is indicated for the first line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC). Durvalumab in combination with tremelimumab is indicated for the first line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC).	REIMBURSEMENT WITH RESTRICTIONS ESMO

Tracheal, bronchus, and lung cancer

Durvalumab	Non-Small Cell Lung Cancer (NSCLC) Durvalumab combination with platinum-based chemotherapy as neoadjuvant treatment, followed by Durvalumab as monotherapy as adjuvant treatment, is indicated for the treatment of adults with resectable NSCLC at high risk of recurrence and no EGFR mutations or ALK rearrangements. Durvalumab as monotherapy is indicated for the treatment of locally advanced, unresectablenon-small cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on ≥1% of tumour cells and whose disease has not progressed following platinum-based chemoradiation therapy. Durvalumab in combination with tremelimumab and platinum-based chemotherapy is indicated for the first-line treatment of adults with metastatic NSCLC with no sensitising EGFR mutations or ALK positive mutations. Small Cell Lung Cancer (SCLC) Durvalumab as monotherapy is indicated for the treatment of adults with limited-stage small cell lung cancer (LS-SCLC) whose disease has not progressed following platinum-based chemoradiation therapy. Durvalumab in combination with etoposide and either carboplatin or cisplatin is indicated for the first-line treatment of adults with extensive-stage small cell lung cancer (ES-SCLC).	REIMBURSEMENT WITH RESTRICTIONS ESMO

Malignant bladder cancer

Durvalumab	Muscle Invasive Bladder Cancer (MIBC) Durvalumab in combination with gemcitabine and cisplatin as neoadjuvant treatment, followed by Durvalumab as monotherapy adjuvant treatment after radical cystectomy, is indicated for the treatment of adults with resectable muscle invasive bladder cancer (MIBC).	NO REIMBURSEMENT ESMO