

FDA-APPROVED NON-SMALL CELL LUNG CANCER (NSCLC) TREATMENTS (Part 1 of 2)

Generic	Brand	Strength	Form	Usual Dose
ANGIOGENESIS INHIBITOR				
bevacizumab	Avastin	100mg,400mg	soln for IV infusion after dilution	15mg/kg once every 3wks with carboplatin/paclitaxel
bevacizumab-awwb	Mvasi	100mg, 400mg	soln for IV infusion after dilution	15mg/kg every 3wks with carboplatin/paclitaxel until disease progression or unacceptable toxicity
bevacizumab-bvzr	Zirabev	100mg, 400mg	soln for IV infusion after dilution	15mg/kg every 3wks with carboplatin/paclitaxel
ramucirumab	Cyramza	10mg/mL	soln for IV infusion after dilution	10mg/kg on Day 1 of a 21-day cycle prior to docetaxel; continue until disease progression or unacceptable toxicity
ANTIMETABOLITES				
gemcitabine	Gemzar	200mg, 1g	pwd for IV infusion after reconstitution	Give with cisplatin 100mg/m ² administered on Day 1 after gemcitabine. 1000mg/m ² on Days 1, 8, and 15 of each 28-day cycle; or 1250mg/m ² on Days 1 and 8 of each 21-day cycle
	Infugem	1200mg/120mL, 1300mg/130mL, 1400mg/140mL, 1500mg/150mL, 1600mg/160mL, 1700mg/170mL, 1800mg/180mL, 1900mg/190mL, 2000mg/200mL, 2200mg/220mL	soln for IV infusion	
methotrexate	—	25mg/mL	soln for IV, IM, intra-arterial, or intrathecal administration after dilution	See drug monograph and manufacturer's full labeling
		1g	pwd for IV, IM, intra-arterial, or intrathecal administration after dilution	
	Trexall	5mg, 7.5mg, 10mg, 15mg	scored tabs	
pemetrexed	Alimta	100mg, 500mg	pwd for IV infusion after reconstitution and dilution	CrCl ≥45mL/min: 500mg/m ² on Day 1 of each 21-day cycle. <i>In combination with pembrolizumab and platinum chemotherapy:</i> treat for 4 cycles; following platinum-based therapy completion, give pemetrexed with or without pembrolizumab until disease progression or unacceptable toxicity. <i>In combination with cisplatin:</i> treat for up to 6 cycles in the absence of disease progression or unacceptable toxicity. <i>Maintenance, recurrent NSCLC:</i> continue until disease progression or unacceptable toxicity. Supplement with oral folic acid and IM vitamin B ₁₂ one week prior to 1st pemetrexed dose, during treatment, and for 21 days after last dose. Pretreat with dexamethasone for 3 consecutive days, beginning the day before each pemetrexed dose.
ANTIMICROTUBULE AGENTS				
docetaxel	Taxotere	20mg/mL	soln for IV infusion after dilution	Infuse over 1hr once every 3wks. <i>After platinum therapy failure:</i> 75mg/m ² . <i>Chemotherapy-naïve:</i> 75mg/m ² followed by cisplatin (see full labeling).
paclitaxel	—	6mg/mL	soln for IV infusion after dilution	135mg/m ² IV plus cisplatin every 3wks
paclitaxel [bound to albumin (human)]	Abraxane	100mg/vial	pwd for IV infusion after reconstitution	100mg/m ² on Days 1, 8, and 15 of each 21-day cycle with carboplatin
vinorelbine	—	10mg/mL	soln for IV inj after dilution	<i>Monotherapy:</i> 30mg/m ² once weekly <i>Combination therapy:</i> 25mg/m ² on Days 1, 8, 15, and 22 of a 28-day cycle with cisplatin (100mg/m ²) given on Day 1 of each 28-day cycle; or 30mg/m ² once weekly with cisplatin (120mg/m ²) given on Days 1 and 29, then every 6wks.
HUMAN EGFR INHIBITOR				
necitumumab	Portrazza	800mg/50mL	soln for IV infusion after dilution	800mg on Days 1 and 8 of each 21-day cycle; continue until disease progression or unacceptable toxicity

(continued)

FDA-APPROVED NON-SMALL CELL LUNG CANCER (NSCLC) TREATMENTS (Part 2 of 2)

Generic	Brand	Strength	Form	Usual Dose
KINASE INHIBITORS				
afatinib	Gilotrif	20mg, 30mg, 40mg	tabs	40mg once daily on empty stomach; continue until disease progression or unacceptable toxicity
alectinib	Alecensa	150mg	caps	600mg twice daily until disease progression or unacceptable toxicity
brigatinib	Alunbrig	30mg, 90mg, 180mg	tabs	Initially 90mg once daily for first 7 days; if tolerated, increase to 180mg once daily until disease progression or unacceptable toxicity
ceritinib	Zykadia ¹	150mg	hard gel caps, tabs	450mg once daily with food until disease progression or unacceptable toxicity; discontinue if 150mg once daily with food not tolerated
crizotinib	Xalkori ^{1,5}	200mg, 250mg	caps	250mg twice daily until disease progression or unacceptable toxicity
dabrafenib	Tafinlar ⁴	50mg, 75mg	caps	<i>In combination with trametinib:</i> 150mg twice daily (approx. 12hrs apart); continue until disease recurrence or unacceptable toxicity
dacomitinib	Vizimpro ²	15mg, 30mg, 45mg	tabs	45mg once daily until disease progression or unacceptable toxicity
erlotinib	Tarceva ²	25mg, 100mg, 150mg	tabs	150mg once daily until disease progression or unacceptable toxicity
gefitinib	Iressa ²	250mg	tabs	250mg once daily until disease progression or unacceptable toxicity
lorlatinib	Lorbrena ¹	25mg, 100mg	tabs	100mg once daily until disease progression or unacceptable toxicity
osimertinib	Tagrisso ^{2,3}	40mg, 80mg	tabs	80mg once daily until disease progression or unacceptable toxicity
trametinib	Mekinist ⁴	0.5mg, 2mg	tabs	<i>In combination with dabrafenib:</i> 2mg once daily (approx. 24hrs apart); continue until disease recurrence or unacceptable toxicity
PD-1/PD-L1 BLOCKING ANTIBODIES				
atezolizumab	Tecentriq	60mg/mL	soln for IV infusion after dilution	<i>Single agent:</i> 840mg every 2wks, or 1200mg every 3wks, or 1680mg every 4wks. <i>In combination with platinum-based chemotherapy:</i> 1200mg every 3wks; after 4–6 cycles of chemotherapy completed, and if bevacizumab discontinued, give 840mg every 2wks, or 1200mg every 3wks, or 1680mg every 4wks. Continue until disease progression or unacceptable toxicity. <i>In combination therapy:</i> administer atezolizumab prior to chemotherapy and bevacizumab when given on the same day (see full labeling).
durvalumab	Imfinzi	50mg/mL	soln for IV infusion after dilution	10mg/kg every 2wks until disease progression, unacceptable toxicity, or max 12mos
nivolumab	Opdivo	10mg/mL	soln for IV infusion after dilution	240mg every 2wks or 480mg every 4wks until disease progression or unacceptable toxicity
pembrolizumab	Keytruda	50mg/vial	pwd for IV infusion after reconstitution	200mg every 3wks until disease progression or unacceptable toxicity; or up to 24mos in patients without disease progression. <i>In combination with chemotherapy:</i> give prior to chemotherapy when given on the same day (see full labeling)
		25mg/mL	soln for IV infusion after dilution	
PHOTOSENSITIZING AGENT				
porfimer	Photofrin	75mg	pwd for IV inj after reconstitution	2mg/kg then illumination with laser light 40–50hrs following injection

NOTES

¹ For ALK-positive metastatic NSCLC only.

² For metastatic NSCLC with EGFR exon 19 deletions or exon 21 (L858R) substitution mutations only.

³ For metastatic NSCLC with EGFR T790M mutation only.

⁴ For metastatic NSCLC with BRAF V600E mutation only.

⁵ For ROS1-positive metastatic NSCLC only.

Not an inclusive list of medications, official indications, and/or dosing details. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.