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	*Exon 19 deletions or exon 21 mutations:* 10mg/kg every 2wks with erlotinib. *Disease progression:* 10mg/kg on Day 1 of a 21-day cycle prior to docetaxel. *Both:* 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. *In combination with pembrolizumab and platinum chemotherapy:* treat for 4 cycles; following platinum-based therapy completion, give pemetrexed with or without pembrolizumab until disease progression or unacceptable toxicity. *In combination with cisplatin:* treat for up to 6 cycles in the absence of disease progression or unacceptable toxicity. *Maintenance, recurrent NSCLC:* 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. *After platinum therapy failure:* 75mg/m^2. *Chemotherapy-naive:* 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	*Monotherapy:* 30mg/m^2 once weekly *Combination therapy:* 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.
CTLA-4 BLOCKING ANTIBODY				
ipilimumab	**Yervoy**	5mg/mL	soln for IV infusion	*Metastatic NSCLC with PD-L1:* 1mg/kg every 6wks with nivolumab 3mg/kg every 2wks. *Metastatic or recurrent NSCLC:* 1mg/kg every 6wks with nivolumab 360mg every 3wks and histology-based platinum doublet chemotherapy every 3wks for 2 cycles. Continue until disease progression, unacceptable toxicity, or up to 2yrs in patients without disease progression.
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**[1]	150mg	caps	600mg twice daily until disease progression or unacceptable toxicity
brigatinib	**Alunbrig**[1]	30mg, 90mg, 180mg	tabs	90mg once daily for first 7 days, then increase to 180mg once daily; continue until disease progression or unacceptable toxicity.
capmatinib	**Tabrecta**[6]	150mg, 200mg	tabs	400mg twice daily.
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	*In combination with trametinib:* 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
selpercatinib	**Retevmo**[7]	40mg, 80mg	hard gel caps	*<50kg:* 120mg twice daily (approx. every 12hrs). *≥50kg:* 160mg twice daily (approx. every 12hrs). Continue until disease progression or unacceptable toxicity.
trametinib	**Mekinist**[4]	0.5mg, 2mg	tabs	*In combination with dabrafenib:* 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	*Single agent:* 840mg every 2wks, or 1200mg every 3wks, or 1680mg every 4wks. *In combination with platinum-based chemotherapy:* 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. *In combination therapy:* 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	*NSCLC with PD-L1:* 3mg/kg every 2wks with ipilimumab (1mg/kg every 6wks); continue with ipilimumab until disease progression, unacceptable toxicity, or up to 2yrs in patients without disease progression. *Metastatic or recurrent NSCLC:* 360mg every 3wks with ipilimumab (1mg/kg every 6wks) and histology-based platinum doublet chemotherapy every 3wks (for 2 cycles only); continue with ipilimumab until disease progression, unacceptable toxicity, or up to 2yrs in patients without disease progression. *NSCLC (single-agent):* 240mg every 2wks or 480mg every 4wks until disease progression or unacceptable toxicity. *Combination therapy:* administer Opdivo first followed by ipilimumab, and/or platinum doublet chemotherapy on the same day.
pembrolizumab	**Keytruda**	25mg/mL	soln for IV infusion after dilution	200mg every 3wks or 400mg every 6wks until disease progression, unacceptable toxicity, or up to 24 months in patients without disease progression. *In combination with chemotherapy:* give prior to chemotherapy when given on the same day (see full labeling)
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.

[6] For metastatic NSCLC with mutation that leads to MET exon 14 skipping only.

[7] For RET fusion-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.

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