

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

Generic	Brand	Strength	Form	Adult 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	<i>Exon 19 deletions or exon 21 mutations:</i> 10mg/kg every 2wks with erlotinib. <i>Disease progression:</i> 10mg/kg on Day 1 of a 21-day cycle prior to docetaxel. <i>Both:</i> continue until disease progression or unacceptable toxicity.
ANTIMETABOLITES				
gemcitabine	—	200mg, 1g, 2g	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-naive:</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.
CTLA-4 BLOCKING ANTIBODY				
ipilimumab	Yervoy	5mg/mL	soln for IV infusion	<i>Metastatic NSCLC with PD-L1:</i> 1mg/kg every 6wks with nivolumab 3mg/kg every 2wks. <i>Metastatic or recurrent NSCLC:</i> 1mg/kg every 6wks with nivolumab 360mg every 3wks and histology-based platinum doublet chemotherapy every 3wks for 2 cycles. Continue with nivolumab 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)

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Generic	Brand	Strength	Form	Adult 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	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. <i>Metastatic:</i> treat until disease progression or unacceptable toxicity. <i>Adjuvant:</i> treat until disease recurrence, unacceptable toxicity, or for up to 3yrs.
pralsetinib	Gavreto ⁷	100mg	caps	400mg once daily until disease progression or until 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.
tepotinib	Tepmetko ⁶	225mg	tabs	450mg 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).
cemiplimab-rwlc	Libtayo	50mg/mL	soln for IV infusion after dilution	350mg every 3 weeks until disease progression or unacceptable toxicity
durvalumab	Imfinzi	50mg/mL	soln for IV infusion after dilution	<i>Stage III NSCLC (<30kg):</i> 10mg/kg every 2wks; (≥30kg): 10mg/kg every 2wks or 1500mg every 4wks. Continue until disease progression, unacceptable toxicity, or max 12mos.
nivolumab	Opdivo	10mg/mL	soln for IV infusion after dilution	<i>NSCLC with PD-L1:</i> 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. <i>Metastatic or recurrent NSCLC:</i> 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. <i>NSCLC (single-agent):</i> 240mg every 2wks or 480mg every 4wks until disease progression or unacceptable toxicity. <i>Combination therapy:</i> 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. <i>In combination with chemotherapy:</i> 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.