FDA-APPROVED MELANOMA TREATMENTS

Generic	Brand	Strength	Form	Adult Dose
ALKYLATING AGENT				
dacarbazine	—	200mg/vial	pwd for IV infusion after reconstitution and dilution	*Malignant melanoma:* 2–4.5mg/kg/day IV for 10 days, may repeat every 4wks; or 250mg/m^2 daily for 5 days, may repeat every 3wks.
CTLA-4 BLOCKING ANTIBODY				
ipilimumab	**Yervoy**	5mg/mL	soln for IV infusion	Infuse over 90mins. *Single agent:* 3mg/kg every 3wks for max 4 doses. *In combination with nivolumab:* 3mg/kg every 3wks (given after nivolumab on the same day) for max 4 doses or until unacceptable toxicity, whichever occurs earlier; after completing 4 doses of the combination, give nivolumab (as a single agent) until disease progression or unacceptable toxicity. *Adjuvant (cutaneous):* 10mg/kg every 3wks for 4 doses, followed by 10mg/kg every 12wks for up to 3yrs; may omit doses if toxicity occurs.
INTERFERONS				
interferon alfa-2b[1]	**Intron A**	10 million IU, 18 million IU, 50 million IU; per vial	pwd for inj after reconstitution and dilution	*Malignant melanoma: Induction* (use pwd form only): 20million IU/m^2 IV over 20mins, 5 consecutive days per week, for 4wks. *Maintenance:* 10 million IU/m^2 SC 3 times per week for 48wks.
		10 million IU, 18 million IU, 25 million IU; per vial	soln for SC inj	
peginterferon alfa-2b	**Sylatron**	296mcg, 444mcg, 888mcg	lyophilized pwd for SC inj after reconstitution	*Adjuvant:* 6mcg/kg/week SC for 8 doses, followed by 3mcg/kg/week for up to 5yrs. *Renal impairment (moderate):* initially 4.5mcg/kg/week for 8 doses, followed by 2.25mcg/kg/week for up to 5yrs; *(severe or ESRD on dialysis):* initially 3mcg/kg/week for 8 doses, followed by 1.5mcg/kg/week for up to 5yrs.
INTERLEUKIN-2				
aldesleukin[1]	**Proleukin**	22 million IU/vial	pwd for IV infusion after reconstitution and dilution	600,000 IU/kg (0.037mg/kg) every 8hrs by IV infusion over 15mins for max 14 doses, followed by 9 days rest, then repeat for another 14 doses (max 28 doses/course), as tolerated. Retreatment: see full labeling.
KINASE INHIBITORS				
binimetinib	**Mektovi**[2]	15mg	tabs	45mg twice daily (approx. 12hrs apart) with encorafenib until disease progression or unacceptable toxicity. *Moderate or severe hepatic impairment:* 30mg twice daily. Discontinue if encorafenib is permanently discontinued.
cobimetinib	**Cotellic**[2]	20mg	tabs	60mg once daily for first 21 days of each 28-day cycle, in combination with vemurafenib, until disease progression or unacceptable toxicity.
dabrafenib	**Tafinlar**[2]	50mg, 75mg	caps	Take at least 1hr before or 2hrs after a meal. *Monotherapy or in combination with trametinib:* 150mg twice daily (approx. 12hrs apart) until disease progression or unacceptable toxicity. *Adjuvant treatment with trametinib:* 150mg twice daily (approx. 12hrs apart) until disease recurrence or unacceptable toxicity for up to 1yr.
encorafenib	**Braftovi**[2]	75mg	caps	450mg once daily with binimetinib until disease progression or unacceptable toxicity.
trametinib	**Mekinist**[2]	0.5mg, 2mg	tabs	Take at same time each day, at least 1hr before or 2hrs after a meal. *Monotherapy or in combination with dabrafenib:* 2mg once daily (approx. 24hrs apart) until disease progression or unacceptable toxicity. *Adjuvant treatment with dabrafenib:* 2mg once daily (approx. 24hrs apart) until disease recurrence or unacceptable toxicity for up to 1yr.
vemurafenib	**Zelboraf**[3]	240mg	tabs	960mg every 12hrs until disease progression or unacceptable toxicity.
ONCOLYTIC VIRAL THERAPY				
talimogene laherparepvec	**Imlygic**	106 (1 million) PFU/mL, 108 (100 million) PFU/mL	susp for intralesional inj	Inject intralesionally into cutaneous, subcutaneous, and/or nodal lesions. Total inj volume per treatment visit: max 4mL for all injected lesions combined. *Initial dose:* up to 4mL of 10^6 (1 million) PFU/mL. *2nd dose:* up to 4mL of 10^8 (100 million) PFU/mL given 3wks later. *All subsequent doses* (including reinitiation): up to 4mL of 10^8 (100 million) PFU/mL given 2wks apart. Continue for ≥6mos unless other treatment required or until no lesions to treat; reinitiate if new lesions appear after a complete response.
PD-1/PD-L1 BLOCKING ANTIBODIES				
atezolizumab	**Tecentriq**[3]	60mg/mL	soln for IV infusion after dilution	Prior to initiation, administer a 28-day treatment cycle of cobimetinib 60mg once daily (21 days on, 7 days off) and vemurafenib 960mg twice daily (Days 1–21) and vemurafenib 720mg twice daily (Days 22–28). Give atezolizumab 840mg IV every 2wks until disease progression or unacceptable toxicity, in combination with cobimetinib 60mg once daily (21 days on, 7 days off) and vemurafenib 720mg twice daily.
nivolumab	**Opdivo**	10mg/mL	soln for IV infusion after dilution	Infuse over 30mins. *Single agent:* 240mg every 2wks or 480mg every 4wks until disease progression or unacceptable toxicity. *In combination with ipilimumab:* 1mg/kg (followed by ipilimumab on the same day) every 3wks for 4 doses, then followed by 240mg every 2wks or 480mg every 4wks (as single agent) until disease progression or unacceptable toxicity. *Adjuvant:* 240mg every 2wks or 480mg every 4wks until disease recurrence or unacceptable toxicity for up to 1yr.
pembrolizumab	**Keytruda**	25mg/mL	soln for IV infusion after dilution	Infuse over 30mins. 200mg every 3wks or 400mg every 6wks until disease progression or unacceptable toxicity, or up to 12mos without disease recurrence.

NOTES

[1] Recombinant.
[2] For melanoma with BRAF V600E or V600K mutations.
[3] For melanoma with BRAF V600E mutation only.

Not an inclusive list of medications and/or doses. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling. (Rev. 12/2021)