MedEd ON THE GO

Non-Small Cell Lung Cancer

2023 Immune Checkpoint Inhibitor (ICI) Dosing Guide

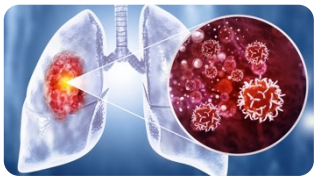
Click a stage below to see available agents:

- Perioperative
- First-line Metastatic
- Second-line or Subsequent Metastatic
- Consolidation – Unresectable Stage III

Resource Information

About This Resource

This document is a clickable immune checkpoint inhibitor (ICI) dosing guide for non-small cell lung cancer (NSCLC) created to provide clinicians with accurate dosing information for immune checkpoint inhibitors in a streamlined and efficient resource available at their fingertips.



This companion tool is one component of a continuing education program available online at MedEd On The Go titled:

NSCLC Case by Case: Optimizing 1L Immunotherapy for Advanced & Metastatic Disease

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6 episodes ce 1.5 CME/CNE/CPE credit hours

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TOTAL CME

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Nivolumab/platinum-doublet chemotherapy

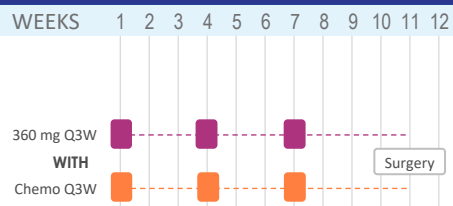
Neoadjuvant Resectable Tumors ≥4 cm or Node Positive

Indication Note(s):
- In combination with platinum-doublet chemotherapy
- Regardless of PD-L1 expression
- **Duration:** 3 cycles

Route of Administration:
30-minute IV infusion

Inline Filter:
Optional

Combination Dosing:
Give nivolumab first followed by platinum-doublet chemotherapy on the same day



Atezolizumab

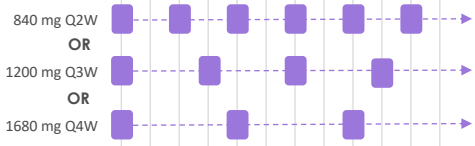
Adjuvant Stage II to IIIA (PI); Adjuvant Stage IIB–IIIA, Stage IIIB (T3, N2), or High-risk Stage IIA (NCCN)

Indication Note(s):
- PD-L1 expression on ≥ 1% of tumor cells [TC ≥1%] , as determined by an FDA-approved test
- Following resection and up to 4-cycles of adjuvant platinum-based chemotherapy
- Negative for EGFR exon 19 deletion, exon 21 L858R mutations, or ALK rearrangements

Duration:
For up to 1 year

Route of Administration:
60-min IV infusion. If the first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes

Inline Filter:
Optional



Pembrolizumab

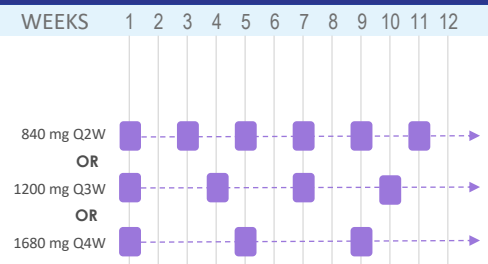
Adjuvant Stage IB (T2a ≥4 cm), II, or IIIA (PI); Stage IIB–IIIA, Stage IIIB (T3, N2), or High-risk Stage IIA (NCCN)

Indication Note(s):
- Following resection and adjuvant platinum-based chemotherapy up to 4 cycles
- Negative for EGFR exon 19 deletion, exon 21 L858R mutations, or ALK rearrangements

Duration:
Until disease progression, unacceptable toxicity, or up to 12 months

Route of Administration:
30-minute IV infusion

Inline Filter:
Required



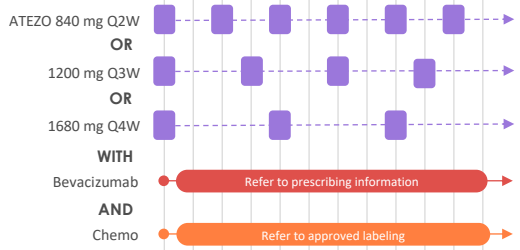
Atezolizumab

First-line metastatic

Indication Note(s):
High PD-L1 expression (PD-L1 stained ≥50% of tumor cells [TC ≥50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥10% of the tumor area [IC ≥10%]), as determined by an FDA approved test, with no EGFR or ALK genomic tumor aberrations
Duration:
Until disease progression or unacceptable toxicity

60 **Route of Administration:**
60-min IV infusion. If the first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes

Inline Filter:
Optional



Atezolizumab/bevacizumab/paclitaxel/carboplatin

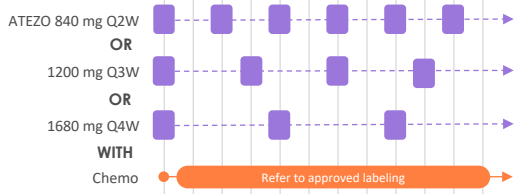
First-line Metastatic Non-squamous

Indication Note(s):
No EGFR or ALK genomic tumor aberrations
Duration:
Until disease progression or unacceptable toxicity

60 **Route of Administration:**
60-min IV infusion. If the first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes

Combination Dosing:
Administer atezolizumab prior to chemotherapy and bevacizumab when given on the same day

Inline Filter:
Optional



Atezolizumab/NAB-paclitaxel/carboplatin

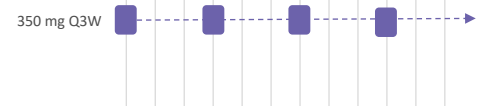
First-line Metastatic Non-squamous

Indication Note(s):
No EGFR or ALK genomic tumor aberrations
Duration:
Until disease progression or unacceptable toxicity

60 **Route of Administration:**
60-min IV infusion. If the first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes

Combination Dosing:
Administer atezolizumab prior to chemotherapy when given on the same day

Inline Filter:
Optional



Cemiplimab

First-line Locally Advanced/Metastatic

Indication Note(s):
- High PD-L1 expression [(TPS) ≥ 50%] as determined by an FDA-approved test, with no EGFR, ALK or ROS1 aberrations
- Not candidates for surgical resection or definitive chemoradiation (locally advanced)

Duration:
Until disease progression or unacceptable toxicity

30 **Route of Administration:**
30-minute IV infusion

Inline Filter:
Required

TPS; tumor proportion score

Cemiplimab/platinum-based chemotherapy

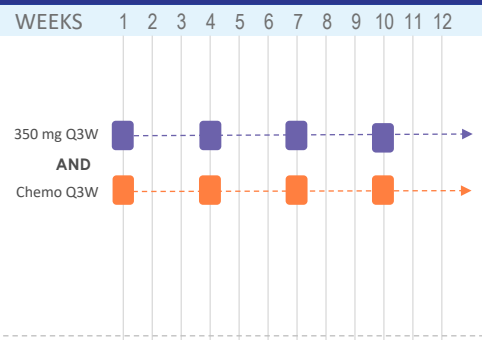
First-line Locally Advanced/Metastatic

Indication Note(s):
- With no EGFR, ALK or ROS1 aberrations
- Not candidates for surgical resection or definitive chemoradiation (locally advanced)

Duration:
Until disease progression or unacceptable toxicity

Route of Administration:
30-minute IV infusion

Inline Filter:
Required



Durvalumab/tremelimumab/platinum-based doublet chemotherapy

First-line Metastatic

Indication Note(s):
- With no sensitizing EGFR mutations or ALK genomic tumor aberrations

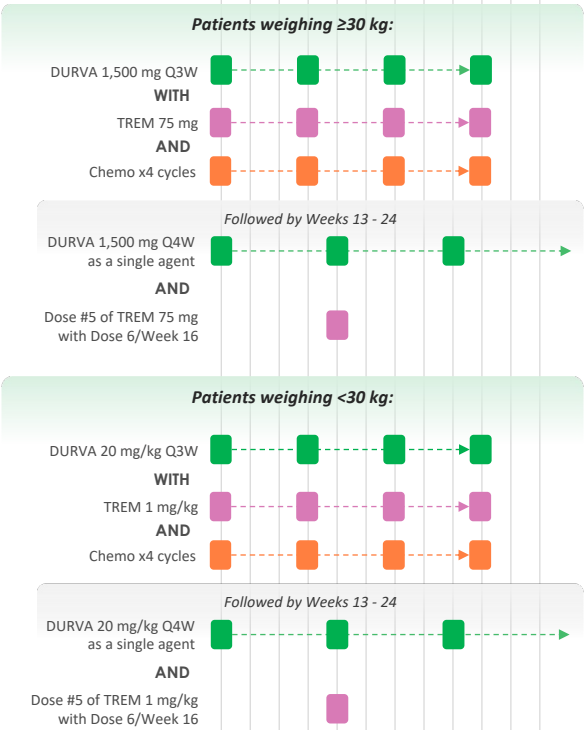
Duration:
Until disease progression or unacceptable toxicity; 4 cycles of histology-based platinum-based chemotherapy

Route of Administration:
Tremelimumab: 60-minute IV Infusion
Durvalumab: 60-minute IV infusion

Combination Dosing:
- Infuse tremelimumab first, followed by durvalumab and then platinum-based chemotherapy on the day of dosing
- Cycle 1: Observe 60 minutes after tremelimumab and durvalumab for infusion reactions. If no reaction, observe for 30 minutes after durvalumab only for subsequent cycles
- If the patient received pemetrexed, it may be continued with durvalumab after cycle 4

Inline Filter:
Required

Use separate infusion bags/ filters/lines for each therapy



Ipilimumab/nivolumab

First-line Metastatic

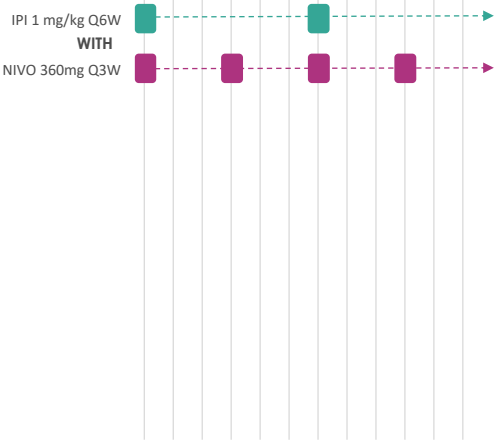
Indication Note(s):
- PD-L1 expression (≥1%) as determined by an FDA-approved test
- No EGFR or ALK genomic tumor aberrations

Duration:
Until disease progression, unacceptable toxicity, or up to 2 years in patients without progression

Route of Administration:
Ipilimumab: 30-minute IV infusion
Nivolumab: 30-minute IV infusion

Infuse nivolumab first then ipilimumab using separate infusion bags and filters

Inline Filter:
Required



Ipilimumab/nivolumab/platinum-doublet chemotherapy

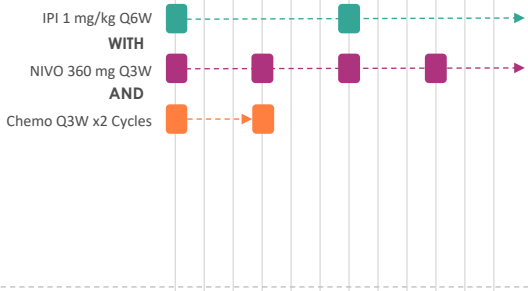
First-line Metastatic/Recurrent

Indication Note(s):
No EGFR or ALK genomic tumor aberrations
Duration:
In combination with nivolumab until disease progression, unacceptable toxicity, or up to 2 years in patients without progression; 2 cycles of histology-based platinum-doublet chemotherapy

Route of Administration:
Ipilimumab: 30-minute IV infusion
Nivolumab: 30-minute IV infusion

Administer nivolumab first followed by ipilimumab and then platinum-doublet chemotherapy on the same day using separate bags and filters

Inline Filter:
Required



Pembrolizumab

Metastatic

Indication Note(s):
- PD-L1 expression (TPS ≥1%) as determined by an FDA-approved test
- No EGFR or ALK genomic tumor aberrations
- Stage III where patients are not candidates for surgical resection or definitive chemoradiation

Duration:
Until disease progression, unacceptable toxicity, or up to 24 months

Route of Administration:
30-minute IV infusion

Inline Filter:
Required

Pembrolizumab/pemetrexed/platinum-doublet chemotherapy

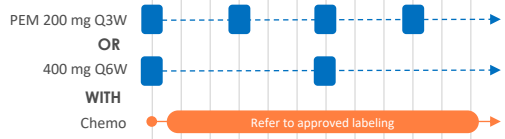
First-line Metastatic Non-squamous

Indication Note(s):
No EGFR or ALK genomic tumor aberrations
Duration:
Until disease progression, unacceptable toxicity, or up to 24 months

Route of Administration:
30-minute IV infusion

Combination Dosing:
Administer pembrolizumab prior to chemotherapy when given on the same day

Inline Filter:
Required



Pembrolizumab/carboplatin/paclitaxel or nab-paclitaxel chemotherapy

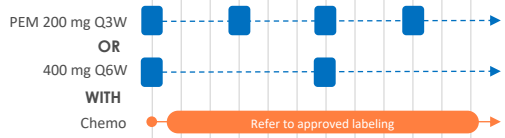
First-line Metastatic Squamous

Duration:
Until disease progression, unacceptable toxicity, or up to 24 months

Route of Administration:
30-minute IV infusion

Combination Dosing:
Administer pembrolizumab prior to chemotherapy when given on the same day

Inline Filter:
Required



Second-line or Subsequent Metastatic

Atezolizumab

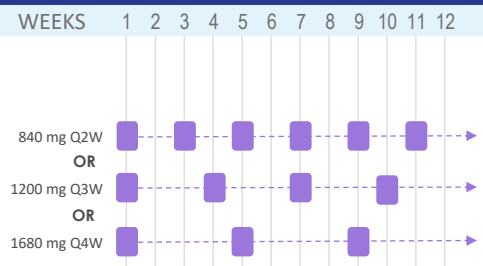
Second-line Metastatic

Indication Note(s):
- Disease progression during or following platinum-containing chemotherapy
- Patients with EGFR or ALK aberrations should have disease progression on FDA-approved therapy for NSCLC harboring these aberrations prior to receiving atezolizumab

Duration:
Until disease progression or unacceptable toxicity

Route of Administration:
60-min IV infusion. If the first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes

Inline Filter:
Optional



Nivolumab

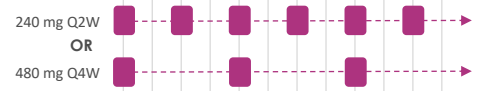
Second or Subsequent-line Metastatic

Indication Note(s):
- Progression on or after platinum-based chemotherapy
- Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving nivolumab

Duration:
Until disease progression or unacceptable toxicity

Route of Administration:
30-minute IV infusion

Inline Filter:
Required



Pembrolizumab

Second or Subsequent-line Metastatic

Indication Note(s):
- PD-L1 expression (TPS ≥1%) as determined by an FDA-approved test, with disease progression on or after platinum-containing chemotherapy
- Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving pembrolizumab

Duration:
Until disease progression, unacceptable toxicity, or up to 24 months

Route of Administration:
30-minute IV infusion

Inline Filter:
Required

Consolidation - Unresectable Stage III

Durvalumab

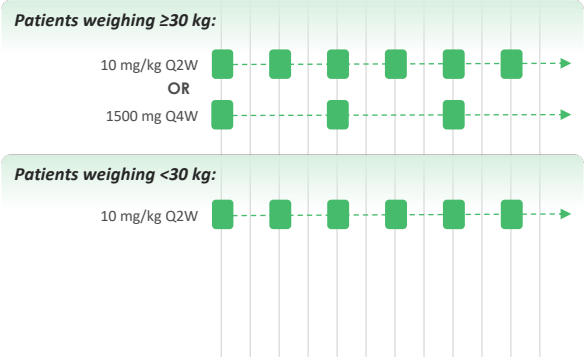
Unresectable Stage III

Indication Note(s):
NSCLC has not progressed following concurrent platinum-based chemotherapy and radiation therapy

Duration:
Until disease progression, unacceptable toxicity, or a maximum of 12 months

Route of Administration:
60-minute IV infusion

Inline Filter:
Required



TPS; tumor proportion score

References

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Non-Small Cell Lung Cancer. Version 3.2023; April 13, 2023.

AVASTIN® (bevacizumab) prescribing information. Genentech, Inc. Revised September 2022.

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IMJUDO® (tremelimumab-actl) prescribing information. AstraZeneca Pharmaceuticals LP. June 2023.

KEYTRUDA® (pembrolizumab) prescribing information. Merck Sharp & Dohme Corp. Revised April 2023.

LIBTAYO® (cemiplimab-rwlc) prescribing information. Regeneron Pharmaceuticals, Inc. Revised April 2023.

OPDIVO® (nivolumab) prescribing information. Bristol Myers Squibb Company. Revised February 2023.

TECENTRIQ® (atezolizumab) prescribing information. Genentech, Inc. Revised May 2023.

YERVOY® (ipilimumab) prescribing information. Bristol Myers Squibb Company. Revised February 2023.

Please refer to the U.S. FDA approved prescribing information for detailed information related to all treatment