

Non-Small Cell Lung Cancer Treatment Regimens

Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The National Comprehensive Cancer Network Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

Note: All recommendations are category 2A unless otherwise indicated.

► Systemic Therapy for Advanced or Metastatic Cancer¹

REGIMEN	DOSING
Sensitizing EGFR Mutation Positive: First-Line	
Preferred	
Osimertinib (Category 1) ^{2-5,a-c}	Osimertinib 80mg orally once daily.
Other Recommended Regimens	
Afatinib (Category 1) ^{6-8,a-c}	Afatinib 40mg orally once daily.
Dacomitinib (Category 1) ^{9,10,a-c}	Dacomitinib 45mg orally once daily.
Erlotinib (Category 1) ^{11-16,a-c}	Erlotinib 150mg orally once daily.
Erlotinib + Ramucirumab ^{11,17,18,a-c}	Days 1-28: Erlotinib 150mg orally once daily Repeat cycle every 4 weeks, with: Day 1: Ramucirumab 10mg/kg IV over 60 minutes. Repeat cycle every 2 weeks.
Gefitinib (Category 1) ^{19-22,a-c}	Gefitinib 250mg orally once daily.
Useful in Certain Circumstances	
Erlotinib + Bevacizumab (Category 2B) ^{11,23,24,d}	Days 1-28: Erlotinib 150mg orally once daily Repeat cycle every 4 weeks, with: Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
Sensitizing EGFR Mutation Positive: Subsequent Therapy	
Afatinib (Category 1) ^{6-8,a-c}	Afatinib 40mg orally once daily.
Afatinib + Cetuximab ^{6,25,26,a-c}	Days 1-14: Afatinib 40mg orally once daily Day 1: Cetuximab 500mg/m ² IV. Repeat cycle every 2 weeks.
Dacomitinib (Category 1) ^{9,10,a-c}	Dacomitinib 45mg orally once daily.
Erlotinib + Bevacizumab (Category 2B) ^{11,23,24,d}	Days 1-28: Erlotinib 150mg orally once daily Repeat cycle every 4 weeks, with: Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
Erlotinib + Ramucirumab ^{11,17,18}	Days 1-28: Erlotinib 150mg orally once daily Repeat cycle every 4 weeks, with: Day 1: Ramucirumab 10mg/kg IV over 60 minutes. Repeat cycle every 2 weeks.
Gefitinib (Category 1) ^{19-22,a-c}	Gefitinib 250mg orally once daily.
Osimertinib ^{2-5,a-c}	Osimertinib 80mg orally once daily.
ALK Rearrangement-Positive: First-Line Therapy	
Preferred	
Alectinib (Category 1) ^{27-30,a,e}	Alectinib 600mg orally twice daily.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
ALK Rearrangement-Positive: First-Line Therapy (continued)	
Other Recommended Regimens	
Brigatinib (Category 1) ^{31-33,a,e}	Days 1-7: Brigatinib 90mg once daily, followed by: Days 8-28: Brigatinib 180mg orally once daily Administer for one 28-day cycle, followed by: Days 1-28: Brigatinib 180mg orally once daily. Repeat cycle every 4 weeks.
Ceritinib (Category 1) ^{34-38,a,e}	Ceritinib 450mg orally once daily.
Useful in Certain Circumstances	
Crizotinib (Category 1) ^{30,39-42,a,e}	Crizotinib 250mg orally twice daily.
ALK Rearrangement-Positive: Subsequent Therapy	
Alectinib ^{27-30,a}	Alectinib 600mg orally twice daily.
Brigatinib ^{31-33,a}	Days 1-7: Brigatinib 90mg once daily, followed by: Days 8-28: Brigatinib 180mg orally once daily Administer for one 28-day cycle, followed by: Days 1-28: Brigatinib 180mg orally once daily. Repeat cycle every 4 weeks.
Ceritinib ^{34-38,a}	Ceritinib 450mg orally once daily.
Crizotinib ^{30,39-42,a}	Crizotinib 250mg orally twice daily.
Lorlatinib ^{43-45,a}	Lorlatinib 100mg orally once daily.
ROS1 Rearrangement-Positive: First-Line Therapy	
Preferred	
Crizotinib ^{30,39-42,a,f}	Crizotinib 250mg orally twice daily.
Entrectinib ^{46-47,a,f}	Entrectinib 600mg orally once daily.
Other Recommended Regimens	
Ceritinib ^{34-38,a,f}	Ceritinib 450mg orally once daily.
BRAF V600E Mutation Positive: First-Line Therapy	
Preferred	
Dabrafenib + Trametinib ^{48-51,g,h}	Dabrafenib 150mg orally twice daily Trametinib 2mg orally once daily.
Other Recommended Regimens	
Dabrafenib ^{46,52,53,g,h}	Dabrafenib 150mg orally twice daily.
Vemurafenib ^{54-56,g,h}	Vemurafenib 960mg orally twice daily.
Useful in Certain Circumstances	
See Initial systemic therapy options for Adenocarcinoma or Squamous Cell Carcinoma ¹	
NTRK Gene Fusion-Positive: First-Line	
Preferred	
Entrectinib ^{46-47,i}	Entrectinib 600mg orally once daily.
Larotrectinib ^{57-59,i}	Larotrectinib 100mg orally twice daily.
Useful in Certain Circumstances	
See Initial systemic therapy options for Adenocarcinoma or Squamous Cell Carcinoma ¹	

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
MET Exon 14 Skipping Mutation: First-Line	
Preferred	
Capmatinib ^{60-61,j}	Capmatinib 400mg orally twice daily.
Useful in Certain Circumstances	
Crizotinib ^{30,39-42,j}	Crizotinib 250mg orally twice daily.
See Initial systemic therapy options for Adenocarcinoma or Squamous Cell Carcinoma ¹	
RET Rearrangement-Positive: First-Line	
Preferred	
Pralsetinib ^{62,63,k}	Pralsetinib 400mg orally once daily.
Selpercatinib ^{64,65,k}	Selpercatinib (less than 50 kg): 120 mg orally twice daily. Selpercatinib (50 kg or greater): 160 mg orally twice daily.
Useful in Certain Circumstances	
Cabozantinib ^{66,67,k}	Cabozantinib 60mg orally once daily.
Vandetanib (Category 2B) ^{68,69,k}	Vandetanib 300mg orally once daily (starting dose).
Other Recommended Regimens	
See Initial systemic therapy options for Adenocarcinoma or Squamous Cell Carcinoma ¹	
PD-L1 Expression-Positive (≥50%) and EGFR, ALK, ROS1, BRAF, MET Exon 14 Skipping Mutation, and RET Negative, and No Contraindications to PD-1 or PD-L1 Inhibitors (PS 0-2): First-Line Therapy	
Adenocarcinoma, Large Cell, NSCLC NOS¹	
Preferred	
Atezolizumab ^{70,72,l}	Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks. OR Day 1: Atezolizumab 840mg IV Repeat cycle every 2 weeks. OR Day 1: Atezolizumab 1,680mg IV Repeat cycle every 4 weeks.
Carboplatin + Pemetrexed + Pembrolizumab (Category 1) ^{73-75,l}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat every 3 weeks for 4-6 cycles. ^e
Cisplatin + Pemetrexed + Pembrolizumab (Category 1) ^{73,75,76,l}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles. ^e
Pembrolizumab ^{75-79,l}	Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.
Other Recommended Regimens	
Carboplatin + Albumin-Bound Paclitaxel + Atezolizumab ^{70,80,l}	Day 1: Atezolizumab 1,200mg IV, followed by: Days 1,8,15: Albumin-Bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
PD-L1 Expression-Positive (≥50%) and <i>EGFR</i>, <i>ALK</i>, <i>ROS1</i>, <i>BRAF</i>, <i>MET</i> Exon 14 Skipping Mutation, and <i>RET</i> Negative, and No Contraindications to PD-1 or PD-L1 Inhibitors (PS 0-2): First-Line Therapy (continued)	
Adenocarcinoma, Large Cell, NSCLC NOS¹ (continued)	
Other Recommended Regimens (continued)	
Carboplatin + Paclitaxel + Bevacizumab + Atezolizumab (Category 1) ^{23,70,71,d,l}	<p>Day 1: Atezolizumab 1,200mg IV Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 200mg/m² IV over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.^d</p> <p>OR</p> <p>Day 1: Atezolizumab 1,200mg IV, followed by: Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 175mg/m² (for Asian patients) over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.</p>
Nivolumab + Ipilimumab + Pemetrexed + Carboplatin ⁸¹⁻⁸³	<p>Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Pemetrexed 500mg/m² IV over 10 minutes Days 1,22: Carboplatin AUC 6 IV over 30 minutes. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.</p>
Nivolumab + Ipilimumab + Pemetrexed + Cisplatin ⁸¹⁻⁸³	<p>Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Pemetrexed 500mg/m² IV over 10 minutes Days 1,22: Cisplatin 75mg/m² IV over 2 hours. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.</p>
Useful in Certain Circumstances	
Nivolumab + Ipilimumab ^{81,82,84}	<p>Days 1, 15, and 29: Nivolumab 3mg/kg over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.</p>
Squamous Cell Carcinoma^m	
Preferred	
Atezolizumab ^{70-72,m}	<p>Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks.</p> <p>OR</p> <p>Day 1: Atezolizumab 840mg IV. Repeat cycle every 2 weeks.</p> <p>OR</p> <p>Day 1: Atezolizumab 1,680mg IV. Repeat cycle every 4 weeks.</p>
Carboplatin + Albumin-Bound Paclitaxel + Pembrolizumab (Category 1) ^{75,76,85,m}	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Days 1,8,15: Albumin-bound Paclitaxel 100mg/m² over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat every 3 weeks for 4 cycles.</p>
Carboplatin + Paclitaxel + Pembrolizumab (Category 1) ^{75,76,85,m}	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Paclitaxel 200mg/m² IV over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat every 3 weeks for 4 cycles.⁸</p>
Pembrolizumab (Category 1) ^{75-79,m}	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy.</p> <p>OR</p> <p>Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>

continued

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► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
PD-L1 Expression-Positive (≥50%) and EGFR, ALK, ROS1, BRAF, MET Exon 14 Skipping Mutation, and RET Negative, and No Contraindications to PD-1 or PD-L1 Inhibitors (PS 0-2): First-Line Therapy (continued)	
Squamous Cell Carcinoma^m (continued)	
Other Recommended Regimens	
Nivolumab + Ipilimumab + Paclitaxel + Carboplatin ⁸¹⁻⁸³	<p>Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Paclitaxel 200mg/m² IV over 3 hours, followed by: Days 1,22: Carboplatin AUC 6 IV over 30 minutes. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.</p>
Useful in Certain Circumstances	
Nivolumab + Ipilimumab ^{81,82,84}	<p>Days 1, 15, and 29: Nivolumab 3mg/kg over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.</p>
PD-L1 Expression-Positive (≥50%) and EGFR, ALK, ROS1, BRAF, MET Exon 14 Skipping Mutation and RET Negative, and No Contraindications to PD-1 or PD-L1 Inhibitors (PS 0-2): Continuation Maintenance Therapy	
Adenocarcinoma, Large Cell, NSCLC NOS	
Atezolizumab ⁶⁸⁻⁷⁰	<p>Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks. OR Day 1: Atezolizumab 840mg IV. Repeat cycle every 2 weeks. OR Day 1: Atezolizumab 1,680mg IV. Repeat cycle every 4 weeks.</p>
Atezolizumab + Bevacizumab (Category 1) ^{23,70,71,d}	<p>Day 1: Atezolizumab 1,200mg IV Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.</p>
Pembrolizumab (Category 1) ⁷⁵⁻⁷⁹	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>
Pembrolizumab + Pemetrexed (Category 1) ^{73,74,76}	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pemetrexed 500mg/m² IV over 10 minutes Repeat cycle every 3 weeks for a maximum total of 35 cycles of Pembrolizumab, followed by: Day 1: Pemetrexed 500mg/m² IV over 10 minutes. Repeat cycle every 3 weeks.¹</p>
Squamous Cell Carcinoma	
Atezolizumab ⁷⁰⁻⁷²	<p>Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks. OR Day 1: Atezolizumab 840mg IV. Repeat cycle every 2 weeks. OR Day 1: Atezolizumab 1,680mg IV. Repeat cycle every 4 weeks.</p>
Pembrolizumab (Category 1) ⁷⁵⁻⁷⁹	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
PD-L1 Expression-Positive (1-49%) and <i>EGFR</i>, <i>ALK</i>, <i>ROS1</i>, <i>BRAF</i>, <i>MET</i> Exon 14 Skipping Mutation, and <i>RET</i> Negative, and No Contraindications to PD-1 or PD-L1 Inhibitors (PS 0-2): First-Line Therapy	
Adenocarcinoma, Large Cell, NSCLC NOS	
Preferred	
Carboplatin + Pemetrexed + Pembrolizumab (Category 1) ^{73,77,n}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat every 3 weeks for 4-6 cycles. ^e
Cisplatin + Pemetrexed + Pembrolizumab (Category 1) ^{73,76,n}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles. ^e
Other Recommended Regimens	
Carboplatin + Albumin-Bound Paclitaxel + Atezolizumab (Category 1) ^{70,80,n}	Day 1: Atezolizumab 1,200mg IV, followed by: Days 1,8,15: Albumin-Bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Paclitaxel + Bevacizumab + Atezolizumab (Category 1) ^{23,70,71,n}	Day 1: Atezolizumab 1,200mg IV Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 200mg/m ² IV over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles. ^d
Nivolumab + Ipilimumab + Pemetrexed + Carboplatin ^{81,83}	Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Pemetrexed 500mg/m ² IV over 10 minutes Days 1,22: Carboplatin AUC 6 IV over 30 minutes. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.
Nivolumab + Ipilimumab + Pemetrexed + Cisplatin ^{81,83}	Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Pemetrexed 500mg/m ² IV over 10 minutes Days 1,22: Cisplatin 75mg/m ² IV over 2 hours. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.
Useful in Certain Circumstances	
Nivolumab + Ipilimumab ^{81,82,84}	Days 1, 15, and 29: Nivolumab 3mg/kg over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.
Pembrolizumab (Category 2B) ^{75,79,o}	Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.
Squamous Cell Carcinoma^o	
Preferred	
Carboplatin + Albumin-Bound Paclitaxel + Pembrolizumab (Category 1) ^{75,76,85,o}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Days 1,8,15: Albumin-bound Paclitaxel 100mg/m ² over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat every 3 weeks for 4 cycles.
Carboplatin + Paclitaxel + Pembrolizumab (Category 1) ^{75,76,85}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Paclitaxel 200mg/m ² IV over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat every 3 weeks for 4 cycles. ^e

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
PD-L1 Expression-Positive (1-49%) and EGFR, ALK, ROS1, BRAF, MET Exon 14 Skipping Mutation, and RET Negative, and No Contraindications to PD-1 or PD-L1 Inhibitors (PS 0-2): First-Line Therapy (continued)	
Squamous Cell Carcinoma^o (continued)	
Other Recommended Regimens	
Nivolumab + Ipilimumab + Paclitaxel + Carboplatin ⁸¹⁻⁸³	<p>Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Paclitaxel 200mg/m² IV over 3 hours, followed by: Days 1,22: Carboplatin AUC 6 IV over 30 minutes. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.</p>
Useful in Certain Circumstances	
Nivolumab + Ipilimumab ^{81,82,84}	<p>Days 1, 15, and 29: Nivolumab 3mg/kg over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.</p>
Pembrolizumab (Category 2B) ^{75-79,o}	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>
PD-L1 Expression-Positive (≥1-49%) and EGFR, ALK, ROS1, BRAF, MET Exon 14 Skipping Mutation and RET Negative, and No Contraindications to PD-1 or PD-L1 Inhibitors: Continuation Maintenance Therapy	
Adenocarcinoma, Large Cell, NSCLC NOS	
Atezolizumab ⁷⁰⁻⁷²	<p>Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks. OR Day 1: Atezolizumab 840mg IV. Repeat cycle every 2 weeks. OR Day 1: Atezolizumab 1,680mg IV. Repeat cycle every 4 weeks.</p>
Atezolizumab + Bevacizumab (Category 1) ^{23,70,71,d}	<p>Day 1: Atezolizumab 1,200mg IV Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.</p>
Pembrolizumab ⁷⁵⁻⁷⁹	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>
Pembrolizumab + Pemetrexed ^{73,74,76}	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes OR Day 1: Pembrolizumab 400mg IV over 30 minutes every other cycle, followed by: Day 1: Pemetrexed 500mg/m² IV over 10 minutes. Repeat cycle every 3 weeks until 2 years of therapy has been completed, followed by: Day 1: Pemetrexed 500mg/m² IV. Repeat cycle every 3 weeks.</p>
Squamous Cell Carcinoma	
Pembrolizumab ⁷⁵⁻⁷⁹	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-1): Initial Systemic Therapy^{P-5}	
No Contraindications to PD-1 or PD-L1 Inhibitors	
Preferred	
Pembrolizumab + Carboplatin + Pemetrexed (Category 1) ^{73,76}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat every 3 weeks for 4-6 cycles. ^e
Pembrolizumab + Cisplatin + Pemetrexed (Category 1) ^{73,75,76}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Other Recommended Regimens	
Atezolizumab + Carboplatin + Paclitaxel + Bevacizumab (Category 1) ^{23,70,71,d}	Day 1: Atezolizumab 1,200mg IV Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 200mg/m ² IV over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles. OR Day 1: Atezolizumab 1,200mg IV, followed by: Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 175mg/m ² (for Asian patients) over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles
Atezolizumab + Carboplatin + Albumin-Bound Paclitaxel ^{70,80}	Day 1: Atezolizumab 1,200mg IV, followed by: Days 1,8,15: Albumin-Bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Nivolumab + Ipilimumab ^{81,82,84}	Days 1, 15, and 29: Nivolumab 3mg/kg over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.
Nivolumab + Ipilimumab + Pemetrexed + Carboplatin ^{79,81}	Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Pemetrexed 500mg/m ² IV over 10 minutes Days 1,22: Carboplatin AUC 6 IV over 30 minutes. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.
Nivolumab + Ipilimumab + Pemetrexed + Cisplatin ⁸¹⁻⁸³	Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Pemetrexed 500mg/m ² IV over 10 minutes Days 1,22: Cisplatin 75mg/m ² IV over 2 hours. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.
Contraindications to PD-1 or PD-L1 Inhibitors	
Useful in Certain Circumstances	
Bevacizumab + Carboplatin + Paclitaxel (Category 1) ^{23,86,d}	Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 200mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 6 cycles.
Bevacizumab + Carboplatin + Pemetrexed ^{23,87,d}	Day 1: Bevacizumab 15mg/kg IV Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-1): Initial Systemic Therapy^{P-5} (continued)	
Contraindications to PD-1 or PD-L1 Inhibitors (continued)	
Useful in Certain Circumstances (continued)	
Bevacizumab + Cisplatin + Pemetrexed ^{23,88,d}	Day 1: Bevacizumab 7.5mg/kg IV Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Albumin-Bound Paclitaxel ⁸⁹ (Category 1)	Days 1,8,15: Albumin-bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Docetaxel (Category 1) ⁹⁰	Day 1: Docetaxel 75mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Etoposide (Category 1) ^{91,92}	Days 1-3: Etoposide 100mg/m ² IV over 30 minutes daily Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Gemcitabine (Category 1) ⁹¹	Days 1,8,15: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles.
Carboplatin + Paclitaxel (Category 1) ⁹⁴	Day 1: Paclitaxel 200mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Pemetrexed (Category 1) ⁹³	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Docetaxel (Category 1) ⁹⁰	Day 1: Docetaxel 75mg/m ² IV over 60 minutes, followed by: Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Etoposide (Category 1) ⁹⁶	Day 1: Cisplatin 100mg/m ² IV over 60 minutes Days 1-3: Etoposide 100mg/m ² IV over 60 minutes daily. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Gemcitabine (Category 1) ^{95,96}	Days 1 and 8: Gemcitabine 1,000-1,250mg/m ² IV over 30 minutes, followed by: Day 1: Cisplatin 75-80mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Paclitaxel (Category 1) ⁹⁹	Day 1: Paclitaxel 135mg/m ² IV over 3 hours, followed by: Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Pemetrexed (Category 1) ¹⁰⁰	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Gemcitabine + Docetaxel (Category 1) ¹⁰¹	Days 1 and 8: Gemcitabine 1,000-1,250mg/m ² IV over 30 minutes Day 8: Docetaxel 85mg/m ² IV over 60 minutes, followed by: Day 8: Gemcitabine 1000mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Gemcitabine + Vinorelbine (Category 1) ¹⁰²	Days 1 and 8: Vinorelbine 25mg/m ² IV over 5-10 minutes Days 1 and 8: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Adenocarcinoma, Large Cell, NSCLC NOS (PS 2): Initial Systemic Therapy^{P-5}	
Preferred	
Carboplatin + Pemetrexed ⁹⁵	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
Adenocarcinoma, Large Cell, NSCLC NOS (PS 2): Initial Systemic Therapy^{P-S} (continued)	
Other Recommended Regimens	
Carboplatin + Albumin-Bound Paclitaxel ⁸⁹	Days 1,8,15: Albumin-bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Docetaxel ⁹⁰	Day 1: Docetaxel 75mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Etoposide ^{91,92}	Days 1-3: Etoposide 100mg/m ² IV over 30 minutes daily Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Gemcitabine ⁹³	Days 1,8,15: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles.
Carboplatin + Paclitaxel ⁹⁴	Day 1: Paclitaxel 200mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Useful in Certain Circumstances	
Albumin-Bound Paclitaxel ^{103,104}	Day 1: Albumin-bound Paclitaxel 260mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles. OR Days 1,8,15: Albumin-bound Paclitaxel 125mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles.
Docetaxel ^{105,106}	Day 1: Docetaxel 75mg/mg IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Gemcitabine ^{98,107,108}	Days 1,8,15: Gemcitabine 1,000-1,250mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles. OR Days 1 and 8: Gemcitabine 1,250mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Gemcitabine + Docetaxel ¹⁰¹	Day 1: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 8: Docetaxel 85mg/m ² IV over 60 minutes, followed by: Day 8: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat every 3 weeks for 4-6 weeks.
Gemcitabine + Vinorelbine ¹⁰²	Days 1 and 8: Vinorelbine 25mg/m ² IV over 5-10 minutes Days 1 and 8: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Paclitaxel ¹⁰⁹⁻¹¹¹	Day 1: Paclitaxel 200-225mg/m ² IV over 3 hours. Repeat cycle every 3 weeks for 4-6 cycles. OR Days 1,8,15: Paclitaxel 80mg/m ² IV over 60 minutes. Repeat cycle every 4 weeks for 4-6 cycles.
Pemetrexed ¹¹²⁻¹¹⁴	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-2): Continuation Maintenance	
Atezolizumab ⁷⁰⁻⁷²	Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks. OR Day 1: Atezolizumab 840mg IV. Repeat cycle every 2 weeks. OR Day 1: Atezolizumab 1,680mg IV. Repeat cycle every 4 weeks.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-2): Continuation Maintenance (continued)	
Atezolizumab + Bevacizumab (Category 1) ^{23,70,71,d}	Day 1: Atezolizumab 1,200mg IV Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
Bevacizumab (Category 1) ^{23,86,d}	Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
Bevacizumab + Pemetrexed (Category 1) ^{23,87,88,d}	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Bevacizumab 7.5-15mg/kg IV. Repeat cycle every 3 weeks.
Gemcitabine (Category 2B) ^{98,107,108}	Days 1,8,15: Gemcitabine 1,000-1,250mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks. OR Days 1 and 8: Gemcitabine 1,250mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks.
Pemetrexed (Category 1) ¹¹²⁻¹¹⁴	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes. Repeat every 3 weeks.
Pembrolizumab + Pemetrexed (Category 1) ^{71,72,74}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Pembrolizumab 200mg over 30 minutes OR Day 1: Pembrolizumab 400mg IV over 30 minutes every other cycle, followed by: Day 1: Pemetrexed 500mg/m ² IV over 10 minutes. Repeat cycle every 3 weeks until 2 years of therapy has been completed, followed by: Day 1: Pemetrexed 500mg/m ² IV. Repeat cycle every 3 weeks.
Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-2): Switch Maintenance	
Pemetrexed ¹¹²⁻¹¹⁴	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes. Repeat every 3 weeks.
Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-2): Subsequent Therapy	
Preferred	
Atezolizumab (Category 1) ⁷⁰⁻⁷²	Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks. OR Day 1: Atezolizumab 840mg IV. Repeat cycle every 2 weeks. OR Day 1: Atezolizumab 1,680mg IV. Repeat cycle every 4 weeks.
Nivolumab (Category 1) ^{81,115-118}	Day 1: Nivolumab 240mg IV over 30 minutes. Repeat cycle every 2 weeks. OR Day 1: Nivolumab 480mg IV over 30 minutes. Repeat cycle every 4 weeks.
Pembrolizumab (Category 1) ⁷⁵⁻⁷⁹	Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.
Other Recommended Therapy	
Docetaxel ^{105,106}	Day 1: Docetaxel 75mg/m ² IV over 60 minutes. Repeat every 3 weeks.
Gemcitabine ^{98,107,108}	Days 1,8,15: Gemcitabine 1,000-1,250mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks. OR Days 1 and 8: Gemcitabine 1,250mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-2): Subsequent Therapy (continued)	
Other Recommended Therapy (continued)	
Pemetrexed ^{112,114}	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes. Repeat cycle every 3 weeks.
Ramucirumab + Docetaxel ^{17,119}	Day 1: Ramucirumab 10mg/kg IV over 60 minutes Day 1: Docetaxel 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks.
Squamous Cell Carcinoma (PS 0-1): Initial Systemic Therapy^{p-r,t}	
No Contraindications to PD-1 or PD-L1 Inhibitors	
Preferred	
Pembrolizumab + Carboplatin + Albumin-Bound Paclitaxel (Category 1) ^{75,76,85}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Days 1,8,15: Albumin-bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.
Pembrolizumab + Carboplatin + Paclitaxel (Category 1) ^{75,76,85}	Day 1: Pembrolizumab 200mg IV over 30 minutes, followed by: Day 1: Paclitaxel 200mg/m ² IV over 3 hours Day 1: Carboplatin AUC 6 over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.
Other Recommended Regimens	
Nivolumab + Ipilimumab ^{81,82,84}	Days 1, 15, and 29: Nivolumab 3mg/kg over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 42 days for a maximum of 2 years.
Nivolumab + Ipilimumab + Paclitaxel + Carboplatin ⁷⁹⁻⁸¹	Days 1,22: Nivolumab 360mg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes, followed by: Days 1,22: Paclitaxel 200mg/m ² IV over 3 hours, followed by: Days 1,22: Carboplatin AUC 6 IV over 30 minutes. Administer for one 42-day cycle, followed by: Days 1,22: Nivolumab 360mg IV, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes.
Contraindications to PD-1 or PD-L1 Inhibitors	
Useful in Certain Circumstances	
Carboplatin + Albumin-Bound Paclitaxel (Category 1) ⁸⁹	Days 1,8,15: Albumin-bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Docetaxel (Category 1) ⁹⁰	Day 1: Docetaxel 75mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4–6 cycles.
Carboplatin + Gemcitabine (Category 1) ⁹³	Days 1,8,15: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles.
Carboplatin + Paclitaxel (Category 1) ⁹⁴	Day 1: Paclitaxel 200mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Docetaxel (Category 1) ⁹⁰	Day 1: Docetaxel 75mg/m ² IV over 60 minutes, followed by: Day 1: Cisplatin 75mg/m ² over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Etoposide (Category 1) ⁹⁶	Day 1: Cisplatin 100mg/m ² over 60 minutes Days 1-3: Etoposide 100mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Cisplatin + Gemcitabine (Category 1) ^{97,98}	Days 1 and 8: Gemcitabine 1,000-1,250mg/m ² IV over 30 minutes, followed by: Day 1: Cisplatin 75-80mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
Squamous Cell Carcinoma (PS 0-1): Initial Systemic Therapy^{p-r,t} (continued)	
Contraindications to PD-1 or PD-L1 Inhibitors (continued)	
Useful in Certain Circumstances (continued)	
Cisplatin + Paclitaxel (Category 1) ⁹⁹	Day 1: Paclitaxel 135mg/m ² IV over 3 hours, followed by: Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat every 3 weeks for 4-6 cycles.
Gemcitabine + Docetaxel (Category 1) ¹⁰¹	Day 1: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 8: Docetaxel 85mg/m ² IV over 30 minutes, followed by: Day 8: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat every 3 weeks for 4-6 weeks.
Gemcitabine + Vinorelbine (Category 1) ¹⁰²	Days 1 and 8: Vinorelbine 25mg/m ² IV over 5-10 minutes Day 1 and 8: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Squamous Cell Carcinoma (PS 2): Initial Systemic Therapy^{p-r,t}	
Preferred	
Carboplatin + Albumin-Bound Paclitaxel ⁸⁹	Days 1,8,15: Albumin-bound Paclitaxel 100mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Gemcitabine ⁹³	Days 1,8,15: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles.
Carboplatin + Paclitaxel ⁹⁴	Day 1: Paclitaxel 200mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Other Recommended Regimens	
Carboplatin + Docetaxel ⁹⁰	Day 1: Docetaxel 75mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Carboplatin + Etoposide ^{91,92}	Days 1-3: Etoposide 100mg/m ² IV over 30 minutes daily Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Useful in Certain Circumstances	
Albumin-Bound Paclitaxel ^{103,104}	Day 1: Albumin-bound Paclitaxel 260mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles. OR Days 1, 8, 15: Albumin-bound Paclitaxel 125mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles.
Docetaxel ^{105,106}	Day 1: Docetaxel 75mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Gemcitabine ^{98,107,108}	Days 1,8,15: Gemcitabine 1,000-1,250mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks for 4-6 cycles. OR Days 1 and 8: Gemcitabine 1,250mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 cycles.
Gemcitabine + Docetaxel ¹⁰¹	Day 1: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 8: Docetaxel 85mg/m ² IV over 60 minutes, followed by: Day 8: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks for 4-6 weeks.
Gemcitabine + Vinorelbine ¹⁰¹	Days 1 and 8: Vinorelbine 25mg/m ² IV over 5-10 minutes Days 1 and 8: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat every 3 weeks for 4-6 cycles.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Cancer¹ (continued)

REGIMEN	DOSING
Squamous Cell Carcinoma (PS 2): Initial Systemic Therapy^{p-r,t} (continued)	
Useful in Certain Circumstances (continued)	
Paclitaxel ¹⁰⁹⁻¹¹¹	<p>Day 1: Paclitaxel 200-225mg/m² IV over 3 hours. Repeat cycle every 3 weeks for 4-6 cycles.</p> <p>OR</p> <p>Days 1,8,15: Paclitaxel 80mg/m² IV over 60 minutes. Repeat cycle every 4 weeks for 4-6 cycles.</p>
Squamous Cell Carcinoma (PS 0-2): Continuation Maintenance	
Gemcitabine (Category 2B) ^{98,107,108}	<p>Days 1,8,15: Gemcitabine 1,000-1,250mg/m² IV over 30 minutes. Repeat cycle every 4 weeks.</p> <p>OR</p> <p>Days 1 and 8: Gemcitabine 1,250mg/m² IV over 30 minutes. Repeat cycle every 3 weeks.</p>
Pembrolizumab ⁷⁵⁻⁷⁹	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy.</p> <p>OR</p> <p>Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>
Squamous Cell Carcinoma (PS 0-2): Switch Maintenance	
Docetaxel (Category 2B) ^{105,106}	<p>Day 1: Docetaxel 75mg/m² IV over 60 minutes. Repeat cycle every 3 weeks.</p>
Squamous Cell Carcinoma (PS 0-2): Subsequent Therapy	
Preferred (No Previous Immunotherapy)	
Atezolizumab (Category 1) ⁷⁰⁻⁷²	<p>Day 1: Atezolizumab 1,200mg IV. Repeat cycle every 3 weeks.</p> <p>OR</p> <p>Day 1: Atezolizumab 840mg IV. Repeat cycle every 2 weeks.</p> <p>OR</p> <p>Day 1: Atezolizumab 1,680mg IV. Repeat cycle every 4 weeks.</p>
Nivolumab (Category 1) ^{81,115-118}	<p>Day 1: Nivolumab 240mg IV over 30 minutes. Repeat cycle every 2 weeks.</p> <p>OR</p> <p>Day 1: Nivolumab 480mg IV over 30 minutes. Repeat cycle every 4 weeks.</p>
Pembrolizumab (Category 1) ⁷⁵⁻⁷⁹	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks for up to 2 years of therapy.</p> <p>OR</p> <p>Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 42 days for up to 2 years of therapy.</p>
Other Recommended Regimens (No Previous or Previous Immunotherapy)	
Docetaxel ^{105,106}	<p>Day 1: Docetaxel 75mg/m² IV over 60 minutes. Repeat cycle every 3 weeks.</p>
Gemcitabine ^{98,107,108}	<p>Days 1,8,15: Gemcitabine 1,000-1,250mg/m² IV over 30 minutes. Repeat cycle every 4 weeks.</p> <p>OR</p> <p>Days 1 and 8: Gemcitabine 1,250mg/m² IV over 30 minutes. Repeat cycle every 3 weeks.</p>
Ramucirumab + Docetaxel ^{17,119}	<p>Day 1: Ramucirumab 10mg/kg IV over 60 minutes Day 1: Docetaxel 75mg/m² IV over 60 minutes. Repeat cycle every 3 weeks.</p>

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Chemotherapy Regimens for Neoadjuvant and Adjuvant Therapy^{1,u,v}

REGIMEN	DOSING
Preferred (Nonsquamous)	
Cisplatin + Pemetrexed ^{97,100}	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 2 hours. Repeat cycle every 3 weeks for 4 cycles.
Preferred (Squamous)	
Cisplatin + Gemcitabine ^{97,98}	Days 1,8: Gemcitabine 1,250mg/m ² IV over 30 minutes, followed by: Day 1: Cisplatin 75mg/m ² IV over 2 hours. Repeat cycle every 3 weeks for 4 cycles.
Cisplatin + Docetaxel ⁹⁰	Day 1: Docetaxel 75mg/m ² IV over 60 minutes, followed by: Day 1: Cisplatin 75mg/m ² over 2 hours. Repeat cycle every 3 weeks for 4 cycles.
Other Recommended Regimens	
Cisplatin + Etoposide ¹²⁰	Day 1: Cisplatin 100mg/m ² IV over 60 minutes Days 1-3: Etoposide 100mg/m ² IV over 2 hours. Repeat cycle every 4 weeks for 4 cycles.
Cisplatin + Vinorelbine ¹²⁰⁻¹²²	Day 1: Cisplatin 75-80mg/m ² IV over 60 minutes Days 1 and 8: Vinorelbine 25-30mg/m ² IV over 5-10 minutes. Repeat cycle every 3 weeks for 4 cycles. OR Days 1 and 8: Cisplatin 50mg/m ² IV over 60 minutes Days 1,8,15,22: Vinorelbine 25mg/m ² IV over 5-10 minutes. Repeat cycle every 4 weeks for 4 cycles. OR Day 1: Cisplatin 100mg/m ² over 60 minutes Days 1,8,15,22: Vinorelbine 30mg/m ² IV over 5-10 minutes. Repeat cycle every 4 weeks for 4 cycles.
Useful in Certain Circumstances	
Chemotherapy Regimens for Patients With Comorbidities or Patients Not Able to Tolerate Cisplatin	
Carboplatin + Gemcitabine ¹²³	Days 1 and 8: Gemcitabine 1,000mg/m ² IV over 30 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.
Carboplatin + Paclitaxel ^{94,124}	Day 1: Paclitaxel 200mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.
Carboplatin + Pemetrexed ¹²⁵ (non-squamous)	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.

► Chemotherapy Regimens Used With Radiation Therapy (RT)^{1,w}

Concurrent Chemotherapy/RT Regimens	
Preferred (Nonsquamous)	
Carboplatin + Paclitaxel ^{126,127,x-z}	Day 1: Paclitaxel 45-50mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 2 IV over 30 minutes. Repeat induction therapy weekly for 7 weeks with radiation.
Carboplatin + Paclitaxel ^{126,127,y,aa}	Day 1: Paclitaxel 45-50mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 2 IV over 30 minutes. Repeat induction therapy weekly for 7 weeks with radiation, conditionally followed by: Day 1: Paclitaxel 200mg/m ² IV over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat consolidation therapy every 3 weeks for 2 cycles starting 2-4 weeks after completion of concurrent chemoradiation.

continued

Non-Small Cell Lung Cancer Treatment Regimens

► Chemotherapy Regimens Used With Radiation Therapy (RT)^{1,w} (continued)

REGIMEN	DOSING
Concurrent Chemotherapy/RT Regimens (continued)	
Preferred (Nonsquamous) (continued)	
Carboplatin + Pemetrexed ^{114,x,z}	Day 1: Carboplatin AUC 5 IV over 30 minutes Day 1: Pemetrexed 500mg/m ² IV over 10 minutes. Repeat cycle every 3 weeks for 4 cycles with radiation.
Cisplatin + Etoposide ^{128,129,x,z}	Days 1 and 8: Cisplatin 50mg/m ² IV over 60 minutes Days 1-5: Etoposide 50mg/m ² IV over 60 minutes. Repeat cycle every 4 weeks for 2 cycles with radiation.
Cisplatin + Pemetrexed ^{129,130,x,z}	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 2 hours. Repeat induction therapy every 3 weeks for 3 cycles with radiation.
Cisplatin + Pemetrexed ^{130,131,y,aa}	Day 1: Pemetrexed 500mg/m ² IV over 10 minutes Day 1: Cisplatin 75mg/m ² IV over 60 minutes. Repeat induction therapy every 3 weeks for 3 cycles with radiation, conditionally followed by: Day 1: Pemetrexed 500mg/m ² over 10 minutes. Repeat consolidation therapy every 3 weeks for 4 cycles following concurrent chemotherapy/radiation.
Preferred (Squamous)	
Carboplatin + Paclitaxel ^{126,127,x,z}	Day 1: Paclitaxel 45-50mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 2 IV over 30 minutes. Repeat induction therapy weekly for 7 weeks with radiation.
Carboplatin + Paclitaxel ^{126,127,y,aa}	Day 1: Paclitaxel 45-50mg/m ² IV over 60 minutes, followed by: Day 1: Carboplatin AUC 2 IV over 30 minutes. Repeat induction therapy weekly for 7 weeks with radiation, conditionally followed by: Day 1: Paclitaxel 200mg/m ² IV over 3 hours Day 1: Carboplatin AUC 6 IV over 30 minutes. Repeat consolidation therapy every 3 weeks for 2 cycles starting 2-4 weeks after completion of concurrent chemoradiation.
Cisplatin + Etoposide ^{128,129,x,z}	Days 1 and 8: Cisplatin 50mg/m ² IV over 60 minutes Days 1-5: Etoposide 50mg/m ² IV over 60 minutes. Repeat cycle every 4 weeks for 2 cycles with radiation.

► Consolidation Therapy for Patients With Unresectable Stage III NSCLC, PS 0-1, and No Disease Progression After 2 or More Cycles of Definitive ChemoRT¹

Note: For patients with unresectable stage III NSCLC, PS 0-1, and no disease progression after 2 or more cycles of definitive chemoradiation.

Durvalumab (Category 1) ^{132-134,z,aa,bb}	Day 1: Durvalumab 10mg/kg IV over 60 minutes. Repeat cycle every 2 weeks for a maximum of 12 months.
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- ^a For performance status 0-4.
- ^b If systemic therapy regimen contains an immune checkpoint inhibitor, physicians should be aware of the long half-life of such drugs and data reporting adverse events when combining checkpoint inhibitors with osimertinib. Schoenfeld AJ, Arbour KC, Rizvi H, et al. Severe immune-related adverse events are common with sequential PD(L)-1 blockade and osimertinib. *Ann Oncol.* 2019;30:839-844; Oshima Y, Tanimoto T, Yuji K, Tojo A. EGFR-TKI-associated interstitial pneumonitis in nivolumab-treated patients with non-small cell lung cancer. *JAMA Oncol.* 2018;3:1112-1115. Ahn M-J, Yang J, Yu H, et al. Results from TATTON phase 1b trial. *J Thorac Oncol.* 2016;11:S115 (abstr. 1360).
- ^c If *EGFR* mutation discovered during first-line systemic therapy, complete planned systemic therapy, including maintenance therapy or interrupt, followed by Osimertinib (preferred) or Erlotinib or Afatinib or Gefitinib or Dacomitanib or Erlotinib + Ramucirumab or Erlotinib + Bevacizumab (Category 2B).
- ^d Criteria for treatment with bevacizumab, non-squamous NSCLC, and no recent history of hemoptysis. Bevacizumab should not be given as a single agent. An FDA-approved biosimilar is an appropriate substitute for bevacizumab.
- ^e If *ALK* rearrangement discovered during first-line systemic therapy, complete planned systemic therapy, including maintenance therapy or interrupt followed by Alectinib (preferred) or Brigatinib or Ceritinib, or Crizotinib.
- ^f If *ROS1* rearrangement discovered during first-line systemic therapy, complete planned systemic therapy, including maintenance therapy, or interrupt, followed by Crizotinib (preferred) or Entrectinib (preferred) or Ceritinib.
- ^g If *BRAF*V600E mutation discovered during first-line systemic therapy, complete planned systemic therapy, including maintenance therapy, or interrupt, followed by Dabrafenib + Trametinib.
- ^h Single-agent vemurafenib or dabrafenib are treatment options if the combination of Dabrafenib + Trametinib is not tolerated.
- ⁱ If *NTRK* gene fusion discovered during first-line systemic therapy, complete planned systemic therapy, including maintenance therapy, or interrupt, followed by Larotrectinib or Entrectinib.
- ^j If *MET* exon 14 skipping mutation discovered during first-line systemic therapy, complete planned systemic therapy, including maintenance therapy, or interrupt, followed by Capmatinib or Crizotinib.
- ^k If *RET* rearrangement discovered during first-line systemic therapy, complete planned systemic therapy, including maintenance therapy, or interrupt, followed by Selpercatinib (preferred) or Pralsetinib (preferred) or Cabozantinib or Vandetanib (Category 2B).
- ^l See Atezolizumab, Atezolizumab + Bevacizumab (Category 1), Pembrolizumab (Category 1), or Pembrolizumab + Pemetrexed (Category 1) continuation maintenance if response or stable disease.
- ^m See Pembrolizumab (Category 1) or Atezolizumab continuation maintenance if response or stable disease.

continued

Non-Small Cell Lung Cancer Treatment Regimens

- ⁿ See Pembrolizumab (Category 1), Pembrolizumab + Pemetrexed (Category 1), Atezolizumab + Bevacizumab (Category 1), or Atezolizumab continuation if response or stable disease.
- ^o See Pembrolizumab continuation maintenance if response or stable disease.
- ^p Albumin-bound paclitaxel may be substituted for either paclitaxel or docetaxel in patients who have experienced hypersensitivity reactions after receiving paclitaxel or docetaxel despite premedication, or for patients where the standard premedications (ie, dexamethasone, H2 blockers, H1 blockers) are contraindicated.
- ^q Carboplatin-based regimens are often used for patients with comorbidities or those who cannot tolerate cisplatin.
- ^r If progression on a PD-1/PD-L1 inhibitor, switching to another PD-1/PD-L1 inhibitor is not routinely recommended.
- ^s See Bevacizumab (Category 1), Pemetrexed (Category 1), Bevacizumab + Pemetrexed, Pembrolizumab + Pemetrexed (Category 1), Atezolizumab + Bevacizumab (Category 1), Atezolizumab, or Gemcitabine (Category 2B) continuation maintenance or Pemetrexed switch maintenance if response or stable disease.
- ^t See Pembrolizumab, Gemcitabine (Category 2B), continuation maintenance or Docetaxel (Category 2B) switch maintenance if response or stable disease.
- ^u After surgical evaluation, patients likely to receive adjuvant chemotherapy may be treated with induction chemotherapy as an alternative.
- ^v All regimens can be used for sequential chemotherapy/RT.
- ^w Concurrent chemotherapy/RT is recommended for patients with inoperable stage II (node-positive) and stage III NSCLC. Sequential chemotherapy/RT or RT alone is appropriate for frail patients unable to tolerate concurrent therapy.
- ^x Regimen can be used as preoperative/adjuvant chemotherapy/RT.
- ^y Regimen can be used as definitive concurrent chemotherapy/RT.
- ^z For eligible patients, durvalumab may be used after noted concurrent chemo/RT regimens.
- ^{aa} If using durvalumab, an additional 2 cycles of chemotherapy is not recommended, if patients have not received full-dose chemotherapy concurrent with RT.
- ^{bb} Durvalumab is not recommended for patients following definitive surgical resection.

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