Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CISPPACL+CEMI Regimen

Cisplatin-Paclitaxel-Cemiplimab

Disease Site

Lung
Non-Small Cell

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

First-line treatment in patients with locally advanced* or metastatic non-small cell lung cancer (NSCLC)

*not suitable for curative surgery or definitive chemoradiation

(Refer to the NDFP eligibility form for detailed funding criteria.)

Supplementary Public Funding	**cemiplimab** New Drug Funding Program (Cemiplimab - In Combination with Chemotherapy for First-Line Treatment of Advanced Non-Small Cell Lung Cancer) (NDFP Website)

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B - Drug Regimen

PACLitaxel	200 mg /m²	IV	Day 1
CISplatin	75 mg /m²	IV	Day 1
cemiplimab[1]	350 mg	IV	Day 1

[1]Administer the chemotherapy drugs first, followed by cemiplimab.

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C - Cycle Frequency

REPEAT EVERY 3 WEEKS

For a total of 4-6 cycles*, unless disease progression or unacceptable toxicity

After completion of CISPPACL+CEMI, continue with maintenance cemiplimab (regimen code: CEMI(MNT)).

If chemotherapy is discontinued due to toxicity, may continue with cemiplimab maintenance (regimen code: CEMI(MNT)).

*4 cycles of chemotherapy were given in the EMPOWER-Lung 3 study.

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D - Premedication and Supportive Measures

Antiemetic Regimen: High

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Pre-medications (prophylaxis for infusion reaction):

Paclitaxel*:

- Dexamethasone 20 mg PO 12-and 6-hours OR Dexamethasone 20 mg IV 30 minutes pre-infusion†
- Diphenhydramine 25-50 mg IV/PO 30-60 minutes pre-infusion
- Ranitidine 50 mg IV OR Famotidine 20 mg IV 30-60 minutes pre-infusion

* Consider **discontinuing** pre-medications for paclitaxel if there was no IR in the first 2 doses.

† Oral and IV dexamethasone are both effective at reducing overall IR rates. Some evidence suggests that oral dexamethasone may be more effective for reducing severe reactions; however, adverse effects and compliance remain a concern.

Cemiplimab:

- Routine pre-medication is not recommended. No premedication was given for the first dose of cemiplimab during clinical trials.
- May consider premedication in patients who experienced a grade 1-2 infusion reaction. (Migden et al)

Other Supportive Care:

Cisplatin:

- Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.

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J - Administrative Information

Approximate Patient Visit	7 to 8 hours
Pharmacy Workload (average time per visit)	51.424 minutes
Nursing Workload (average time per visit)	59.167 minutes

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K - References

CADTH Reimbursement Recommendation: Cemiplimab (Libtayo). Canadian Journal of Health Technologies. May 2024.

Cemiplimab drug monograph. Ontario Health (Cancer Care Ontario).

Cisplatin drug monograph. Ontario Health (Cancer Care Ontario).

Gogishvili M, Melkadze T, Makharadze T, et al. Cemiplimab plus chemotherapy versus chemotherapy alone in non-small cell lung cancer: a randomized, controlled, double-blind phase 3 trial. Nat Med 2022 Nov;28(11):2374-80.

Makharadze T, Gogishvili M, Melkadze T, et al. Cemiplimab plus chemotherapy versus chemotherapy alone in advanced NSCLC: 2-year follow-up from the phase 3 EMPOWER-Lung 3 Part 2 Trial. J Thorac Oncol 2023 Jun;18(6):755-68.

Paclitaxel drug monograph. Ontario Health (Cancer Care Ontario).

May 2025 Updated Rationale and Uses, Supplementary Drug Funding, and Cycle Frequency sections

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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