**Regimen Monograph**

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

## A - Regimen Name

# CISPPEME+CEMI Regimen

**Cisplatin-Pemetrexed-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 advanced non-squamous non-small cell lung cancer (NSCLC) (metastatic or unresectable locally advanced disease not suitable for definitive chemoradiation)

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## B - Drug Regimen

| | | | |
|---|---|---|---|
| **pemetrexed** | 500 mg /m² | IV | Day 1 |
| **CISplatin** | 75 mg /m² | IV | Day 1 |
| **cemiplimab**[1] | 350 mg | IV | Day 1 |

**(This drug is not publicly funded. Universal compassionate access program is available. )**

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

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## C - Cycle Frequency

**REPEAT EVERY 21 DAYS**

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

After completion of CISPPEME+CEMI, continue with maintenance pemetrexed and cemiplimab (regimen code: PEME+CEMI(MNT)).

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

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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.

**Cemiplimab pre-medications (prophylaxis for infusion reaction):**

- 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) Refer to Management of Infusion-related Reactions table.

**Other Supportive Care:**

**Pemetrexed:**

- Vitamin B12 1000mcg IM every 9 weeks, Folic acid 0.4 - 1 mg PO daily (both starting ≥ 1 week prior to pemetrexed administration; continue throughout and 3 weeks after last dose of Pemetrexed).
- Dexamethasone 4mg PO BID for 3 days starting day before chemotherapy suggested for rash prophylaxis.
- Note: NSAIDs should be held for 2-5 days prior and 2 days after pemetrexed (refer to pemetrexed monograph)

**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 | 4 to 6 hours |
| Pharmacy Workload (average time per visit) | 55.610 minutes |
| Nursing Workload (average time per visit) | 59.167 minutes |

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## K - References

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.

**October 2024** new ST-QBP regimen

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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 uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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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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