Regimen Monograph

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

A - Regimen Name

PEME+PEMB(MNT) Regimen

Pemetrexed - Pembrolizumab (Maintenance)

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

Maintenance treatment for patients who completed first-line pemetrexed and platinum chemotherapy for metastatic non-squamous NSCLC, in adults with no EGFR or ALK genomic tumour aberrations. Treatment should be for patients with good performance status.

Supplementary Public Funding	**pembrolizumab** New Drug Funding Program (Pembrolizumab - In Combination with Platinum and Pemetrexed for First Line Metastatic Non-Squamous Non-Small Cell Lung Cancer (NSCLC))

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B - Drug Regimen

After 4 to 6 cycles of CISPPEME+PEMB or CRBPPEME+PEMB - As maintenance treatment:

pembrolizumab[1]	2 mg /kg	IV (max 200 mg)	Day 1
pemetrexed	500 mg /m²	IV	Day 1

[1]Dosing based on NDFP funding criteria. Refer to NDFP form for alternative pembrolizumab dosing schedule.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS for up to 2 years of pembrolizumab treatment (e.g. 35 cycles given q3 weeks, including the 4-6 cycles combined with chemotherapy*) unless disease progression or unacceptable toxicity occurs

(* CISPPEME+PEMB or CRBPPEME+PEMB)

If chemotherapy is discontinued due to toxicity, treatment may be continued with single agent pembrolizumab to complete 2 years' worth of treatment. Use PEMB(MNT) as the regimen code.

Refer to NDFP form for details on pembrolizumab retreatment.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

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)

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	1-2 hours
Pharmacy Workload (average time per visit)	30.599 minutes
Nursing Workload (average time per visit)	41.667 minutes

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K - References

Gandhi et al. Pembrolizumab plus chemotherapy in metastatic non-small cell lung cancer. N Engl J Med;378(22):2078-92.

PEBC Advice Documents or Guidelines

- Therapy for Stage IV Non-Small-Cell Lung Cancer Without Driver Alterations: ASCO and OH (CCO) Joint Guideline Update

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M - Disclaimer

Regimen Abstracts

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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.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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