

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Drug Administration and Special Precautions](#) | [Recommended Clinical Monitoring](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

SELP Regimen

selpercatinib

Disease Site Lung
Non-Small Cell

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 Treatment of metastatic RET fusion-positive non-small cell lung cancer

Supplementary Public Funding **selpercatinib**
Exceptional Access Program (selpercatinib - For the treatment of metastatic RET fusion-positive non-small cell lung cancer (NSCLC)) ([EAP Website](#))

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B - Drug Regimen

Patients with Body Weight < 50 kg:

selpercatinib	120 mg	PO	BID (every 12 hours)
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Patients with Body Weight ≥ 50 kg:

selpercatinib	160 mg	PO	BID (every 12 hours)
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C - Cycle Frequency

CONTINUOUS TREATMENT

Until clinically meaningful disease progression* or unacceptable toxicity

(*Refer to CADTH recommendations and Drilon et al)

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J - Administrative Information

Outpatient prescription for home administration

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K - References

CADTH reimbursement recommendation: selpercatinib (metastatic RET fusion-positive non-small cell lung cancer). May 2022.

Drilon A, Oxnard GR, Tan DSW, et al. Efficacy of selpercatinib in RET fusion-positive non-small-cell lung cancer. N Engl J Med 2020;383(9):813-24.

August 2023 Added EAP funding information; Modified Cycle frequency section

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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.

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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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