Regimen Reference Order – CUTA – nivolumab + ipilimumab

ARIA: CUTA - [nivolumab + ipilimumab (Phase 1)]
CUTA - [nivolumab q14 days (Phase 2)]
CUTA - [nivolumab q28 days (Phase 2)]

Planned Course: **Phase 1: nivolumab and ipilimumab every 21 days for 4 cycles**

Phase 2: nivolumab every 28 days up to 22 cycles or until disease progression or unacceptable toxicity (maximum 2 years of total therapy)

OR

nivolumab every 14 days up to 46 cycles or until disease progression or unacceptable toxicity (maximum 2 years of total therapy)

Indication for Use: **Melanoma, Unresectable or Metastatic**

Drug Alert: Immune Checkpoint Inhibitor

CVAD: At Provider's Discretion

Proceed with treatment if:

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L***
- ***AST/ALT less than 3 times upper limit of normal***
- ***Total bilirubin less than 1.5 times upper limit normal***
- ***Creatinine clearance greater than 30 mL/min***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – CUTA - nivolumab + ipilimumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Phase 1 nivolumab + ipilimumab (Cycles 1 to 4)		
nivolumab	1 mg/kg	IV in normal saline 50 mL over 30 minutes *Use 0.2 or 0.22 micron filter* **Nursing Alert: After completion of nivolumab infusion, wait 30 minutes before administering ipilimumab* **Nursing Alert: Start a new primary infusion line for ipilimumab*
ipilimumab	3 mg/kg	IV in normal saline 100 mL over 90 minutes *Use 0.2 or 0.22 micron filter*

Phase 2 nivolumab monotherapy		
nivolumab 3 mg/kg dose: Phase 2 starts three weeks after Phase 1 (Cycle 4) OR nivolumab 6 mg/kg dose: Phase 2 starts six weeks after Phase 1 (Cycle 4)		
nivolumab	3 mg/kg (every 14 days) **OR**	IV in normal saline 100 mL over 30 minutes *Use 0.2 or 0.22 micron filter*
	6 mg/kg (every 28 days)	IV in normal saline 100 mL over 30 minutes *Use 0.2 or 0.22 micron filter*
Maximum nivolumab dose is 240 mg (every 14 days) OR 480 mg (every 28 days) All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, electrolytes, AST, ALT, total and direct bilirubin, glucose and TSH as per Physician Orders
- Cortisol levels should be checked prior to each cycle of Phase 1 due to the ipilimumab and then at physician's discretion starting with Phase 2
- Medical oncologist or designate (i.e. family practitioner in oncology) must assess patient for immune-mediated adverse reactions prior to each cycle
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Confirm that patient has received the CCMB Immune Checkpoint Inhibitor Medical Alert wallet card
- Reinforce to patient the immune-mediated adverse reactions and importance of reporting immediately
    - For severe symptoms, the patient should be instructed to go to the nearest emergency room. Oncologist on call should be contacted

ADDITIONAL INFORMATION

- Grade 3/4 toxicities are very common with this regimen
- nivolumab and ipilimumab are Immune Checkpoint Inhibitors. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- Administration site restrictions are in place for nivolumab and ipilimumab. ipilimumab should only be administered at a facility where pharmacy compounding occurs on site