

Regimen Reference Order – CUTA – nivolumab (Adjuvant)

ARIA: CUTA – [nivolumab q 14 days (ADJ)]

CUTA – [nivolumab q 28 days (ADJ)]

Planned Course: Every 14 days for one year (26 cycles total)

OR

Every 28 days for one year (13 cycles total)

Indication for Use: Melanoma, Resected, Adjuvant

Drug Alert: Immune Checkpoint Inhibitor

CVAD: At Provider's Discretion

Proceed with treatment if:

- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$
 - AST/ALT equal to or less than 3 times upper limit of normal
 - Total bilirubin equal to or less than 1.5 times upper limit normal
 - Creatinine clearance equal to or 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 (Adjuvant)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
nivolumab	3 mg/kg (every 14 days) OR	IV in normal saline 100 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>
	6 mg/kg (every 28 days)	

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 and glucose as per Physician Orders
- TSH every 4 weeks as per Physician Orders
- 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 O₂ 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

- Patient should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- 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

- nivolumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated