Regimen Reference Order – LYMP – nivolumab

ARIA: LYMP – [nivolumab q 14 days]
LYMP – [nivolumab q 28 days]

Planned Course: **Every 14 days until disease progression or unacceptable toxicity**
OR
Every 28 days until disease progression or unacceptable toxicity

Indication for Use: **Hodgkin Lymphoma Relapsed**

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 Hematologist if parameters not met**

***Note:* Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – LYMP - nivolumab

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 *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 the DSG Approved Dose Bands. See LYMP DSG – Dose Banding document for more information

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

REQUIRED MONITORING

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

All Cycles

- CBC, serum creatinine, urea, electrolytes, AST, ALT, total and direct bilirubin, glucose and TSH 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 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

- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy ***Hepatitis B Monitoring for Oncology and Hematology Patients*** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis
- nivolumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated