

## Regimen Reference Order – THOR – nivolumab

ARIA: LUNG – [nivolumab q 14 days]

LUNG – [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:** Lung Cancer Non-Small Cell Metastatic

**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 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 – THOR - nivolumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
nivolumab	3 mg/kg (every 14 days) <b>OR</b>	IV in normal saline 100 mL over 30 minutes Use 0.2 or 0.22 micron filter <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>
	6 mg/kg (every 28 days)	IV in normal saline 100 mL over 30 minutes Use 0.2 or 0.22 micron filter <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>

**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 THOR DSG – Dose Banding document for more information.

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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, TSH and glucose 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<sub>2</sub> 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
Not Applicable		

## 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

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