

Regimen Reference Order – THOR – pembrolizumab

ARIA: LUNG – [pembrolizumab]

Planned Course: Every 21 days until disease progression or unacceptable toxicity or up to a maximum of 2 years of therapy (35 doses)

Indication for Use: Non-Small Cell Lung Cancer 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 equal to or less than 3 times the upper limit of normal*
- *Total bilirubin equal to or less than 1.5 times the upper limit of normal*
- *Creatinine clearance is equal to or greater than 30 mL/minute*
- ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – THOR - pembrolizumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
pembrolizumab	2 mg/kg	IV in normal saline 50 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 pembrolizumab dose is 200 mg

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, creatinine, AST, ALT, total bilirubin, albumin, glucose, sodium, potassium, calcium, magnesium, TSH and T4 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
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

- pembrolizumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- In the setting of suspected pseudoprogression, a follow up CT scan may be performed at an earlier interval
- For re-challenge beyond 2 years of therapy, see CCMB Provincial Oncology Drug Formulary for criteria