

## Regimen Reference Order – CUTA – nivolumab

ARIA: CUTA – [nivolumab q 14 days]

CUTA – [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:**    **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<sup>9</sup>/L    AND    Platelets equal to or greater than 50 x 10<sup>9</sup>/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		
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 <i>Use 0.2 or 0.22 micron filter</i>
	6 mg/kg (every 28 days)	IV in normal saline 100 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>
<b>Maximum nivolumab dose is 240 mg (every 14 days) OR 480 mg (every 28 days)</b> All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See CUTA DSG – Dose Banding document for more information		

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

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## REQUIRED MONITORING

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### 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<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		

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## DISCHARGE INSTRUCTIONS

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- 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

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## ADDITIONAL INFORMATION

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