Regimen Reference Order – CUTA – pembrolizumab (Adjuvant)

ARIA: CUTA – [pembrolizumab q21 days (ADJ)]
CUTA – [pembrolizumab q42 days (ADJ)]

Planned Course: **Every 21 days up to a maximum of 1 year of therapy (18 cycles)**
OR
Every 42 days up to a maximum of 1 year of therapy (9 cycles)

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 x 10^9/L AND Platelets equal to or greater than 50 x 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 – CUTA – pembrolizumab (Adjuvant)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
pembrolizumab	2 mg/kg (every 21 days) **OR**	IV in normal saline 50 mL over 30 minutes *Use 0.2 or 0.22 micron filter*
	4 mg/kg (every 42 days)	IV in normal saline 50 mL over 30 minutes *Use 0.2 or 0.22 micron filter*

Maximum pembrolizumab dose is 200 mg (every 21 days) or 400 mg (every 42 days)

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**'

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, AST, ALT, total bilirubin, albumin, glucose, sodium, potassium, calcium and magnesium as per Physician Orders
- TSH prior to cycle 1 then every 3 cycles thereafter 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 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

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