Regimen Reference Order – GENU – pembrolizumab

ARIA: GENU - [pembrolizumab q 21 days] GENU - [pembrolizumab q 42 days]

Planned Course: Every 21 days until disease progression or unacceptable toxicity or up to a maximum of 2 years of therapy (35 cycles) OR Every 42 days until disease progression or unacceptable toxicity up to a

maximum of 2 years of therapy (18 cycles)

Indication for Use: Urothelial Cancer Metastatic

Drug Alert: Immune Checkpoint Inhibitor

CVAD: At Provider's Discretion

Proceed with treatment if:

- ANC equal to or greater than 1.5×10^9 /L AND Platelets equal to or greater than 50×10^9 /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				

Establish primary solution 500 mL of: normal saline				
Drug	Dose	CCMB Administration Guideline		
brolizumab	2 mg/kg	IV in normal saline 50 mL over 30 minutes		
	(every 21 days)	Use 0.2 or 0.22 micron filter		
	OR			
	4 mg/kg	IV in normal saline 100 mL over 30 minutes		
	(every 42 days)	Use 0.2 or 0.22 micron filter		

All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See 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, creatinine, AST, ALT, total bilirubin, albumin, glucose, sodium, potassium, calcium, magnesium 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 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		
None required				

DISCHARGE INSTRUCTIONS

- Patients 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

