

# Regimen Reference Order – GENU – pembrolizumab

ARIA: GENU – [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:** Urothelial Cancer Metastatic

**Drug Alert:** Immune Checkpoint Inhibitor

**CVAD:** At Provider’s Discretion

<p><b><i>Proceed with treatment if:</i></b></p> <ul style="list-style-type: none"> <li>• <i>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</i></li> <li>• <i>AST/ALT equal to or less than 3 times the upper limit of normal</i></li> <li>• <i>Total bilirubin equal to or less than 1.5 times the upper limit of normal</i></li> <li>• <i>Creatinine clearance is equal to or greater than 30 mL/minute</i></li> </ul> <p>❖ <b>Contact Physician if parameters not met</b></p>
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## SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements		
Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GENU – 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 <i>Use 0.2 or 0.22 micron filter</i>
<p><b>Maximum pembrolizumab dose is 200 mg</b> All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See GENU DSG – Dose Banding document for more information</p>		

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

**REQUIRED MONITORING**

Every Cycle

- 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 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
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