Regimen Reference Order – H&N – pembrolizumab

ARIA: H&N – [pembrolizumab q 21 days]
H&N – [pembrolizumab q 42 days]

Planned Course: **Every 21 days until disease progression or unacceptable toxicity 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: **Squamous Cell Cancer of Head and Neck, Advanced/Recurrent**

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 are not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – H&N – pembrolizumab

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 H&N 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, electrolytes, liver enzymes, total bilirubin, albumin, 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_2 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