



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: GIIPNI

DOCTOR'S ORDERS

Wt _____ kg

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

To be given:

Cycle #:

Date of Previous Cycle:

- Delay treatment _____ week(s)
- Delay for toxicity Type of toxicity _____

May proceed with doses as written if within 96 hours **ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 times baseline.**

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

For prior infusion reaction:

- diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment
- acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment
- hydrocortisone 25 mg** IV 30 minutes prior to treatment

TREATMENT:

Induction Phase (Cycles 1 to 4):

nivolumab 1 mg/kg x _____ kg = _____ mg every 3 weeks
IV in 25 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter*

Pharmacist to select **dose band** per last pages of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
nivolumab		

ipilimumab 3 mg/kg x _____ kg = _____ mg every 3 weeks
IV in 50 to 250 mL NS over 30 minutes using a 0.2 micron in-line filter*

Pharmacist to select **dose band** per last pages of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
ipilimumab		

* Use separate infusion line and filter for each drug

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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TREATMENT: continued

Maintenance Phase (Cycle 5 and onward):

nivolumab 6 mg/kg x _____ kg = _____ mg (maximum 480 mg) every 4 weeks

IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter*

Pharmacist to select dose band per last pages of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
nivolumab		

RETURN APPOINTMENT ORDERS

- Return in **three weeks** for Doctor and Cycle _____ (Cycles 1 to 5)
- Return in **four weeks** for Doctor and Cycle _____ (Cycle 6 and onward)
- Last cycle. Return in _____ week(s).

CBC & Diff, creatinine, sodium, potassium, total bilirubin, ALT, albumin, INR, TSH prior to each treatment

Weekly nursing assessment during Cycles 1 to 4

If clinically indicated:

- ECG chest x-ray AFP
- serum HCG or urine HCG – required for woman of childbearing potential
- free T3 and free T4 lipase morning serum cortisol troponin
- random glucose alkaline phosphatase GGT creatine kinase
- serum ACTH levels testosterone estradiol FSH LH
- Weekly nursing assessment for (specify concern): _____
- Other consults:
- See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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INDUCTION PHASE:

NIVOLUMAB DOSE BANDING TABLE (1-3 mg/kg with no capped dose)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 36		Pharmacy prepares specific dose
36	43.49	40
43.5	51.49	48
51.5	60.49	56
60.5	69.49	66
69.5	77.49	74
77.5	87.49	80
87.5	95.49	90
95.5	109.49	100
109.5	131.49	120
131.5	153.49	140
153.5	175.49	160
175.5	197.49	180
197.5	219.49	200
219.5	239.49	220
239.5	259.49	240
259.5	274.49	260
274.5	329.49	300
329.5	359.49	340
359.5	372.49	360
372.5	439.49	400
439.5	483.49	440
More than 483.49		Pharmacy prepares specific dose

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IPILIMUMAB DOSE BANDING TABLE (1-10 mg/kg with no capped dose)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 41		Pharmacy prepares specific dose
41	46.49	45
46.5	54.49	50
54.5	59.49	55
59.5	64.49	60
64.5	74.49	70
74.5	84.49	80
84.5	94.49	90
94.5	109.49	100
109.5	128.49	120
128.5	139.49	130
139.5	164.49	150
164.5	181.49	170
181.5	219.49	200
219.5	239.49	220
239.5	274.49	250
274.5	329.49	300
329.5	384.49	350
384.5	439.49	400
439.5	494.49	450
More than 494.49		Pharmacy prepares specific dose

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MAINTENANCE PHASE

NIVOLUMAB DOSE BANDING TABLE (6 mg/kg capped at 480 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 191.5		Pharmacy prepares specific dose
191.5	219.49	200
219.5	239.49	220
239.5	263.49	240
263.5	298.49	280
298.5	319.49	300
319.5	349.49	320
349.5	373.49	360
373.5	398.49	380
398.5	439.49	400
439.49	478.49	440
478.5	480	480