

**nivolumab 4.5 mg/kg -  
ipilimumab 1 mg/kg -  
PACLitaxel 175 -  
CARBOplatin AUC 5**

Regimen: Cycle 1 (Part I)

**ARIA Protocol Name:** Nivo4.5 Ipi1 Pac175 CarbAUC5

Adult Chemotherapy - Medical Oncology

Metastatic or Recurrent Squamous Cell Non-Small Cell Lung Cancer (NSCLC)



CC5260 0336 06 2023

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY  
Cycle      of      **Cycle Duration: 42 days** Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to** 1.0 X 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, otherwise notify Medical Oncologist.
- Creatinine Clearance assessed.
- LFTs and Bilirubin assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

**45 minutes prior to PACLitaxel: dexamethasone 20 mg IV** in 50 mL normal saline over 15 minutes on day 1 and day 22

**30 minutes prior to PACLitaxel: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on day 1 and day 22

Administer concurrently with diphenhydrAMINE via y-site.

**30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV** in 50 mL normal saline over 15 minutes on day 1 and day 22.

Administer concurrently with famotidine via y-site.

**30 minutes prior to CARBOplatin: ondansetron 8 mg PO** on day 1 and day 22.

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

Doctor's Order Sheet

**nivolumab 4.5 mg/kg -  
ipilimumab 1 mg/kg -  
PACLitaxel 175 -  
CARBOplatin AUC 5**

Regimen: Cycle 1 (Part II)

**ARIA Protocol Name: Nivo4.5 Ipi1 Pac175 CarbAUC5**

Adult Chemotherapy - Medical Oncology

Metastatic or Recurrent Squamous Cell Non-Small Cell Lung Cancer (NSCLC)



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Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm      Body Surface Area (BSA) = \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- nivolumab 4.5 mg/kg** X Weight (kg) = \_\_\_\_\_ **mg (maximum dose 360 mg)**  
     **IV** in 50 mL normal saline over 30 minutes on day 1 and day 22. Administer with 0.2 or 0.22 micron low protein binding in-line filter.
  
- ipilimumab 1 mg/kg** X Weight (kg) = \_\_\_\_\_ **mg**  
     **IV** in 100 mL normal saline over 30 minutes on day 1. Administer with 0.2 or 0.22 micron low protein binding in-line filter.
  
- PACLitaxel 175 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ **mg**  
      Dose modification: **PACLitaxel 175 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ **mg**  
     **IV** in 500 mL normal saline PVC Free over 180 minutes on day 1 and day 22. Administer with 0.2 or 0.22 micron low protein binding in-line filter.
  
- CARBOplatin AUC 5** = \_\_\_\_\_ **mg**  
      Dose modification: **CARBOplatin AUC 5** - \_\_\_\_\_ % = \_\_\_\_\_ **mg**  
     **IV** in 250 mL normal saline over 30 minutes on day 1 and day 22.

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

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