

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

Regimen: Cycles 2+

ARIA Protocol Name: Nivo4.5 Ipi1 Pac175 CarbAUC5

Adult Chemotherapy - Medical Oncology

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

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

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

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



CC5280 0338 06 2023

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

**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:**

- CBC and differential assessed.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS:** None recommended

Other: \_\_\_\_\_

**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 days 1 and 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.

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.