

Doctor's Order Sheet
**nivolumab 4.5 mg/kg -
 ipilimumab 1 mg/kg -
 pemetrexed 500 -**

CARBOplatin AUC 5 Regimen Cycle 1 (Part I)

ARIA Protocol Name: nivolumab 4.5 mg/kg ipilimumab 1 mg/kg pemetrexed 500
 CARBOplatin AUC 5

Adult Chemotherapy - Medical Oncology

First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer
 (NSCLC)

Name: _____
 HCN: _____
 Date of _____



CC7770 0597 09 2025

Allergies: No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY
 Cycle of **Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Medical Oncologist.
- Creatinine Clearance assessed.
- LFTs and Bilirubin assessed.
- Thyroid function assessed

PREMEDICATIONS (FOR COMMUNITY PHARMACY):

dexamethasone 4 mg PO bid for 3 days starting the day before chemotherapy

Other: _____

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

dexamethasone 4 mg PO on day 1 (in addition to the dexamethasone above)

ondansetron 8 mg PO on day 1

Other: _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

folic acid 0.4 mg PO daily

Starting at least 7 days prior to the first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose

cyanocobalamin 1000 mcg IM every 9 weeks

Starting at least 7 days prior to the first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose

Other: _____

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: _____

Doctor's Order Sheet
**nivolumab 4.5 mg/kg -
 ipilimumab 1 mg/kg -
 pemetrexed 500 -
 CARBOplatin AUC 5**

Regimen Cycle 1 (Part II)

ARIA Protocol Name: nivolumab 4.5 mg/kg ipilimumab 1 mg/kg pemetrexed 500
 CARBOplatin AUC 5

Adult Chemotherapy - Medical Oncology

First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer
 (NSCLC)



CC7770 0597 09 2025

Name: _____

HCN: _____

Date of Birth: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- nivolumab 4.5 mg/kg X Weight (kg) = _____ mg (Cap dose at 360 mg)**
 IV in 50 mL normal saline over 30 minutes on day 1. 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.
- pemetrexed 500 mg/m² X BSA = _____ mg**
 Dose modification: **pemetrexed 500 mg/m² X BSA - _____ % = _____ mg**
 IV in 100 mL normal saline over 10 minutes on day 1
- CARBOplatin AUC 5 = _____ mg**
 Dose modification: **CARBOplatin AUC 5 - _____ % = _____ mg**
 IV in 250 mL normal saline over 30 minutes on day 1

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.