

**nivolumab 4.5 mg/kg -
ipilimumab 1 mg/kg -
pemetrexed 500 -
CARBOplatin AUC 5**

Regimen: Cycles 3+

ARIA Protocol Name: nivolumab 4.5 mg/kg ipilimumab 1 mg/kg Maintenance
Adult Chemotherapy - Medical Oncology
First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung
Cancer (NSCLC)



CC7790 0599 09 2025

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

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:

- 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: _____

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