

## Regimen Reference Order – LYMP – pembrolizumab

ARIA: LYMP - [pembrolizumab q 21 days]

LYMP - [pembrolizumab q 42 days]

**Planned Course:** Every 21 days until disease progression or unacceptable toxicity up to a maximum of 2 years of therapy (35 cycles)

OR

Every 42 days until disease progression or unacceptable toxicity up to a maximum of 2 years of therapy (18 cycles)

**Indication for Use:** Hodgkin Lymphoma Relapsed/Refractory

**Drug Alert:** Immune Checkpoint Inhibitor

**CVAD:** At Provider's Discretion

### ***Proceed with treatment if:***

- *ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $50 \times 10^9/L$*
  - *AST/ALT equal to or less than 3 times the upper limit of normal*
  - *Total bilirubin equal to or less than 1.5 times the upper limit of normal*
  - *Creatinine clearance is equal to or greater than 30 mL/minute*
- ❖ **Contact Physician if parameters not met**

## SEQUENCE OF MEDICATION ADMINISTRATION

### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

### Treatment Regimen – LYMP – pembrolizumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
pembrolizumab	2 mg/kg (every 21 days) <b>OR</b>	IV in normal saline 50 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>
	4 mg/kg (every 42 days)	IV in normal saline 100 mL over 30 minutes <i>Use 0.2 or 0.22 micron filter</i>

**Maximum pembrolizumab dose is 200 mg (every 21 days) or 400 mg (every 42 days)**

All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information

**In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'**

## REQUIRED MONITORING

### All Cycles

- CBC, serum creatinine, urea, sodium, potassium, calcium, magnesium, AST, ALT, total bilirubin, albumin and glucose as per Physician Orders
- TSH prior to cycle 1 then every 3 months thereafter as per Physician Orders
- Medical oncologist or designate (i.e. family practitioner in oncology) must assess patient for immune-mediated adverse reactions prior to each cycle
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- No observation period is required. Patient can be discharged from treatment room if stable whether they had a reaction or not

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

## DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Confirm that patient has received the CCMB Immune Checkpoint Inhibitor Medical Alert wallet card
- Reinforce to patient the immune-mediated adverse reactions and importance of reporting immediately
  - For severe symptoms, the patient should be instructed to go to the nearest emergency room. Oncologist on call should be contacted

## ADDITIONAL INFORMATION

- pembrolizumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated