

Regimen Monograph

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A - Regimen Name

CRBPGEMC+NIVL+IPIL Regimen

CARBOplatin-Gemcitabine-Nivolumab-Ipilimumab

Disease Site Lung
Non-Small Cell

Intent Palliative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses First-line treatment of metastatic or recurrent non-small cell lung cancer (NSCLC), with no known epidermal growth factor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumour aberrations, in patients with good performance status

Supplementary Public Funding [nivolumab](#)
New Drug Funding Program (Nivolumab plus Ipilimumab - In Combination with Platinum Doublet Chemotherapy for First Line Metastatic or Recurrent Non-Small Cell Lung Cancer) ([NDFP Website](#))

[ipilimumab](#)
New Drug Funding Program (Nivolumab plus Ipilimumab - In Combination with Platinum Doublet Chemotherapy for First Line Metastatic or Recurrent Non-Small Cell Lung Cancer) ([NDFP Website](#))

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B - Drug Regimen

Cycle 1:

nivolumab *	4.5 mg /kg	IV	Day 1
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* NDFP funded dosing; maximum 360 mg per dose

ipilimumab	1 mg /kg	IV	Day 1
gemcitabine	1000-1250 mg /m ²	IV	Days 1, 8
CARBOplatin	AUC 5	IV	Day 1

Cycle 2:

nivolumab	4.5 mg /kg	IV	Day 1
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* maximum 360 mg per dose

gemcitabine	1000-1250 mg /m ²	IV	Days 1, 8
CARBOplatin	AUC 5	IV	Day 1

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C - Cycle Frequency

Give every 21 days for 2 cycles only, unless disease progression or unacceptable toxicity occurs.

After completion of cycles 1 and 2, continue with nivolumab q3 weeks and ipilimumab q6 weeks [see NIVL+IPIL(MNT) for details].

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D - Premedication and Supportive Measures

Pre-medications (prophylaxis for infusion reaction):

Nivolumab:

- Routine pre-medication is not recommended.
- May consider pre-medication with antipyretics and H1-receptor antagonists if an IR has occurred in the past.

Ipilimumab:

- Consider an antipyretic and H1-receptor antagonist
- For ipilimumab-related drug fever, premedicate with acetaminophen for subsequent doses and may repeat the antipyretic at 6-12 hours after the ipilimumab infusion.

Antiemetic Regimen:

- Day 1: Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)
- Day 8: Low

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	36.751 minutes
Nursing Workload (average time per visit)	47.083 minutes

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K - References

CRBPGEMC regimen monograph (Lung-NSCLC palliative). Ontario Health (Cancer Care Ontario).

Paz-Ares L, Ciuleanu TE, Cobo M, et al. First-line nivolumab plus ipilimumab combined with two cycles of chemotherapy in patients with non-small-cell lung cancer (CheckMate 9LA): an international, randomised, open-label, phase 3 trial. *Lancet Oncol* . 2021 Feb;22(2):198-211. doi: 10.1016/S1470-2045(20)30641-0.

pCODR expert review committee final recommendation: Nivolumab (Opdivo) in combination with ipilimumab (Yervoy) and two cycles of platinum-based chemotherapy, March 4, 2021.

August 2022 Added pharmacy and nursing workload

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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