

Regimen Monograph

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A - Regimen Name

NIVL+IPIL(MNT) Regimen

Nivolumab-Ipilimumab (maintenance)

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 As maintenance treatment after 2 cycles of platinum doublet chemotherapy+NIVL+IPIL, in patients with metastatic or recurrent NSCLC

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

nivolumab *	4.5 mg /kg	IV	Day 1; q3 weeks
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* NDFP funded dosing; maximum 360 mg per dose

ipilimumab	1 mg /kg	IV	Day 1; q6 weeks
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C - Cycle Frequency

Nivolumab: Repeat every 3 weeks

Ipilimumab: Repeat every 6 weeks

Unless disease progression or unacceptable toxicity, up to a maximum of 2 years (including doses given with platinum doublet chemotherapy), whichever comes first

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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: Minimal

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

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J - Administrative Information

Approximate Patient Visit	1.5-3 hours
Pharmacy Workload (average time per visit)	25.895 minutes
Nursing Workload (average time per visit)	51.5 minutes

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K - References

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 in combination with ipilimumab and two cycles of platinum-based chemotherapy, March 2021.

June 2022 Added NDFP forms; Modified Drug regimen and Cycle frequency sections

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M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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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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