

PROTOCOL CODE: USMAVNIVRE

Page 1 of 1

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS		Wt _____ kg
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> Delay for toxicity. Type of toxicity _____		
May proceed with doses as written if within 96 hours ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 X baseline.		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____ For prior infusion reaction: <ul style="list-style-type: none"> <input type="checkbox"/> diphenhydramine 50 mg PO 30 minutes prior to treatment <input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to treatment <input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to treatment 		
Have Hypersensitivity Reaction Tray & Protocol Available		
TREATMENT: nivolumab-relatlimab 480 mg-160 mg every 4 weeks IV in 100 mL* NS over 30 minutes using a 0.2 micron in-line filter * For adult patients with body weight less than 40 kg, use 50 mL NS		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. <input type="checkbox"/> Last cycle. Return in _____ weeks.		
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, creatine kinase, TSH, random glucose, morning serum cortisol prior to each treatment If clinically indicated: <ul style="list-style-type: none"> <input type="checkbox"/> ECG <input type="checkbox"/> chest x-ray <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of childbearing potential <input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> troponin <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other consults: <input type="checkbox"/> See general orders sheet for additional requests. 		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: