

## IPILIMUMAB (Yervoy)

### INDICATION (ICD10) C43

1. A possible treatment for people with previously untreated or treated advanced (unresectable or metastatic) melanoma. (TA268, TA319)

### REGIMEN

Day 1 IPILIMUMAB 3mg/kg in #ml sodium chloride IV infusion over 90 minutes

# diluent volume for dose prescribed as per national standardised product specification

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 4 doses

### ANTI-EMETICS

None required

### CONCURRENT MEDICATION REQUIRED

None required

### EXTRAVASATION AND TYPE OF LINE / FILTERS

Ipilimumab - neutral

Use low protein binding 0.2 to 1.2micron in-line or add-on filter.

Peripheral or central line

### INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10<sup>9</sup>/L ≥1.5

Platelets x 10<sup>9</sup>/L ≥100

Thyroid function baseline, then every cycle

Random cortisol baseline, then every cycle

Random glucose every cycle

Baseline weight and every cycle

### MAIN TOXICITIES AND ADVERSE REACTIONS

|            |   |
|------------|---|
| Ipilimumab | Immune related toxicities - pneumonitis, colitis or hepatitis etc |
|------------|---|

### INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

|            |                                   |
|------------|-----------------------------------|
| Ipilimumab | Corticosteroids<br>Anticoagulants |
|------------|-----------------------------------|

### DOSE MODIFICATIONS

#### Hepatic impairment

Ipilimumab

ALT/AST ≥5xULN or bilirubin >3xULN at baseline, use ipilimumab only with caution.



## Renal impairment

Ipilimumab

Data from patients with severe renal impairment (CrCl <30ml/min) are too limited to draw conclusions.

## REFERENCES

1. NICE TA