IPILIMUMAB NIVOLUMAB (Yervoy and Opdivo)

INDICATION (ICD10) C43

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (NIV18)

1. Nivolumab in combination with ipilimumab for treating unresectable stage III or stage IV advanced melanoma. Is completely treatment naïve for systemic therapy for melanoma or has only received allowed prior adjuvant therapy with adjuvant nivolumab or pembrolizumab or prior immune checkpoint inhibitors when given as part of a clinical trial either as monotherapy or in combination with ipilimumab and/or BRAF/MEK inhibitor targeted therapies when given for adjuvant indication or BRAF/MEK inhibitor targeted therapies when given for advanced disease indication. No symptomatic brain metastases or leptomeningeal metastases currently requiring steroids for symptom control. PS 0 or 1. (TA400)

REGIMEN IV

Day 1	NIVOLUMAB	1mg/kg in #ml sodium chloride IV infusion over 30 minutes
	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, then may be eligible for nivolumab maintenance (28 day SC (or IV)) starting 6 weeks after last combination dose (see nivolumab monotherapy regimen and ensure appropriate nivolumab monotherapy Blueteq completed).
A formal medical review to assess the tolerability of treatment with nivolumab and ipilimumab will be scheduled to occur by the start of the 3rd 3-weekly cycle of treatment and thereafter on a regular basis.

ANTI-EMETICS

None required

CONCURRENT MEDICATION REQUIRED

None required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Ipilimumab - neutral
Nivolumab IV - neutral

IV 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 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Thyroid function baseline, then every cycle
Random cortisol baseline, then every cycle
Random glucose every cycle
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

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

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Ipilimumab	Corticosteroids Anticoagulants
Nivolumab	-

DOSE MODIFICATIONS
Non-haematological
Ipilimumab Nivolumab
Immune-related adverse reactions - refer to TV immune-oncology agent immune related adverse event clinical guideline.

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

Nivolumab
Data from patients with moderate or severe hepatic impairment are too limited to draw conclusions. Nivolumab should be administered with caution in patients with moderate or severe hepatic impairment, ie bilirubin >1.5xULN and any AST.

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

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

REFERENCES
1. European guidelines for the expanded access programme of Ipilimumab. 6 August 2010
2. SPC Ipilimumab July 2011
3. SPC Nivolumab 12.5.16