



The **FIRST** and **ONLY** immunotherapy approved for the maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma (UC) that has not progressed with first-line platinum-containing chemotherapy.



National Comprehensive Cancer Network[®] (NCCN[®]) Recommendation

Avelumab (BAVENCIO) maintenance is the only NCCN **CATEGORY 1** and **PREFERRED** immunotherapy option for both cisplatin-eligible and -ineligible patients with locally advanced or metastatic UC that has not progressed on first-line platinum-containing chemotherapy.¹

Category 1=Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate; Preferred intervention=Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.

PRODUCT INFORMATION

Description

200 mg/10 mL (20 mg/mL) solution in a single-dose vial

Quantity

One vial per carton

Units Per Case

24

NDC

44087-3535-01

Global Trade

Identification Numbers

00344087353513

20344087353517 (case)

UPC Code

3 44087 35351 3



CODING

The HCPCS code for BAVENCIO is: **J9023 - Injection, avelumab, 10 mg**

SUPPLIED AND MARKETED BY

EMD Serono, Inc.

www.emdserono.com | www.bavencio.com/hcp

PRODUCT EXPIRATION

The expiration date is printed on each box and vial label.

INDICATION

First-line maintenance treatment of urothelial carcinoma; BAVENCIO[®] (avelumab) is indicated for the maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma (UC) that has not progressed with first-line platinum-containing chemotherapy.

IMPORTANT SAFETY INFORMATION

BAVENCIO can cause **severe and fatal immune-mediated adverse reactions** in any organ system or tissue and at any time after starting treatment with a PD-1/PD-L1 blocking antibody, including after discontinuation of treatment.

Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of PD-1/PD-L1 blocking antibodies. Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment. In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.

(continued on next page)

REIMBURSEMENT SUPPORT INFORMATION

CoverOne[®]

844-8COVER1 (844-826-8371) or
www.CoverOne.com

CUSTOMER SERVICE

1-888-398-4567 or
us.customerservice@emdserono.com

For information and instructions regarding product ordering or returns, please contact your specialty distributor or Customer Service at 1-888-398-4567.

STORAGE AND HANDLING REQUIREMENTS

Store refrigerated at 36°F-46°F (2°C-8°C) in original package to protect from light.

After preparation, store diluted BAVENCIO (avelumab) solution either:

- At room temperature up to 77°F (25°C) for no more than 4 hours from the time of dilution
- Under refrigeration at 36°F to 46°F (2°C to 8°C) for no more than 24 hours from the time of dilution. If refrigerated, allow the diluted solution to come to room temperature prior to administration

Do not freeze or shake diluted solution.

IMPORTANT SAFETY INFORMATION (CONTINUED)

No dose reduction for BAVENCIO is recommended. For immune-mediated adverse reactions, withhold or permanently discontinue BAVENCIO depending on severity. In general, withhold BAVENCIO for severe (Grade 3) immune-mediated adverse reactions. Permanently discontinue BAVENCIO for life-threatening (Grade 4) immune-mediated adverse reactions, recurrent severe (Grade 3) immune-mediated reactions that require systemic immunosuppressive treatment, or an inability to reduce corticosteroid dose to 10 mg or less of prednisone or equivalent per day within 12 weeks of initiating corticosteroids. In general, if BAVENCIO requires interruption or discontinuation, administer systemic corticosteroid therapy (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less. Upon improvement to Grade 1 or less, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reactions are not controlled with corticosteroid therapy. Toxicity management guidelines for adverse reactions that do not necessarily require systemic corticosteroids (eg, endocrinopathies and dermatologic reactions) are discussed in subsequent sections.

BAVENCIO can cause **immune-mediated pneumonitis**. Withhold BAVENCIO for Grade 2, and permanently discontinue for Grade 3 or Grade 4 pneumonitis. Immune-mediated pneumonitis occurred in 1.2% (21/1738) of patients, including fatal (0.1%), Grade 4 (0.1%), Grade 3 (0.3%), and Grade 2 (0.6%) adverse reactions. Systemic corticosteroids were required in all (21/21) patients with pneumonitis.

BAVENCIO can cause **immune-mediated colitis**. The primary component of immune-mediated colitis consisted of diarrhea. Cytomegalovirus infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies. Withhold BAVENCIO for Grade 2 or Grade 3, and permanently discontinue for Grade 4 colitis. Immune-mediated colitis occurred in 1.5% (26/1738) of patients, including Grade 3 (0.4%) and Grade 2 (0.7%) adverse reactions. Systemic corticosteroids were required in all (26/26) patients with colitis.

BAVENCIO can cause **hepatotoxicity and immune-mediated hepatitis**. Withhold or permanently discontinue BAVENCIO based on tumor involvement of the liver and severity of aspartate aminotransferase (AST), alanine aminotransferase (ALT), or total bilirubin elevation. Immune-mediated hepatitis occurred with BAVENCIO as a single agent in 0.9% (16/1738) of patients, including fatal (0.1%), Grade 3 (0.6%), and Grade 2 (0.1%) adverse reactions. Systemic corticosteroids were required in all (16/16) patients with hepatitis.

BAVENCIO can cause primary or secondary **immune-mediated adrenal insufficiency**. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement, as clinically indicated. Withhold BAVENCIO for Grade 3 or Grade 4 endocrinopathies until clinically stable or permanently discontinue depending on severity. Immune-mediated adrenal insufficiency occurred in 0.5% (8/1738) of patients, including Grade 3 (0.1%) and Grade 2 (0.3%) adverse reactions. Systemic corticosteroids were required in all (8/8) patients with adrenal insufficiency.

(continued on next page)

SPECIALTY DISTRIBUTION PARTNERS

For your convenience, we are providing the following list of BAVENCIO (avelumab) specialty distributors:

McKesson Plasma and Biologics

2615 Medical Center Parkway, Ste 1580,
Murfreesboro, TN 37129
Phone: 877-625-2566
Fax: 888-752-7626
Email: mpborders@mckesson.com
Online: <https://connect.mckesson.com>
BAVENCIO item #: 3638475

McKesson Specialty Health

401 Mason Road, La Vergne, TN 37086
Phone: 800-482-6700
Fax: 800-289-9298
Email: msh-customer@mcckesson.com
BAVENCIO material #: 5006810
BAVENCIO catalog #: 003-110

ASD Healthcare

3101 Gaylord Parkway, Frisco, TX 75034
Phone: 800-746-6273 (on call for emergency: 365/24/7)
Fax: 800-547-9413
Email: asd.customerservice@asdhealthcare.com
BAVENCIO item #: 10243807

Oncology Supply

2801 Horace Shepard Drive, Dothan, AL 36303
Phone: 800-633-7555
Email: Service@OncologySupply.com
BAVENCIO item #: 10243807

Cardinal Health Specialty Solutions

15 Ingram Boulevard, La Vergne, TN 37086
Hospitals: 866-677-4844
Physician office: 866-300-3838
BAVENCIO order #:
- Clinic 5307574
- Acute (hospital) 5325915

Biologics Specialty Pharmacy

11800 Weston Parkway, Cary, NC 27513
Phone: 800-850-4306, Option 2
Fax: 800-823-4506
Hours: 8AM-8PM EST Mon-Fri, 24/7 on-call service
Online: <http://www.biologicsinc.com>

IMPORTANT SAFETY INFORMATION (CONTINUED)

BAVENCIO can cause **immune-mediated hypophysitis**. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field defects. Hypophysitis can cause hypopituitarism. Initiate hormone replacement, as clinically indicated. Withhold BAVENCIO for Grade 3 or Grade 4 endocrinopathies until clinically stable or permanently discontinue depending on severity. Immune-mediated pituitary disorders occurred in 0.1% (1/1738) of patients, which was a Grade 2 (0.1%) adverse reaction.

BAVENCIO can cause **immune-mediated thyroid disorders**. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement for hypothyroidism or institute medical management of hyperthyroidism, as clinically indicated. Withhold BAVENCIO for Grade 3 or Grade 4 endocrinopathies until clinically stable or permanently discontinue depending on severity. Thyroiditis occurred in 0.2% (4/1738) of patients, including Grade 2 (0.1%) adverse reactions. Hyperthyroidism occurred in 0.4% (7/1738) of patients, including Grade 2 (0.3%) adverse reactions. Systemic corticosteroids were required in 29% (2/7) of patients with hyperthyroidism. Hypothyroidism occurred in 5% (90/1738) of patients, including Grade 3 (0.2%) and Grade 2 (3.7%) adverse reactions. Systemic corticosteroids were required in 7% (6/90) of patients with hypothyroidism.

BAVENCIO can cause **immune-mediated type I diabetes mellitus**, which can present with diabetic ketoacidosis. Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Withhold BAVENCIO for Grade 3 or Grade 4 endocrinopathies until clinically stable or permanently discontinue depending on severity. Immune-mediated type I diabetes mellitus occurred in 0.1% (2/1738) of patients, including Grade 3 (0.1%) adverse reactions.

(continued on next page)

IMPORTANT SAFETY INFORMATION (CONTINUED)

BAVENCIO can cause **immune-mediated nephritis with renal dysfunction**. Withhold BAVENCIO for Grade 2 or Grade 3, and permanently discontinue for Grade 4 increased blood creatinine. Immune-mediated nephritis with renal dysfunction occurred in 0.1% (1/1738) of patients, which was a Grade 2 (0.1%) adverse reaction. Systemic corticosteroids were required in this patient.

BAVENCIO can cause **immune-mediated dermatologic adverse reactions**, including rash or dermatitis. Exfoliative dermatitis including Stevens Johnson Syndrome (SJS), drug rash with eosinophilia and systemic symptoms (DRESS), and toxic epidermal necrolysis (TEN), has occurred with PD-1/PD-L1 blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-exfoliative rashes. Withhold BAVENCIO for suspected and permanently discontinue for confirmed SJS, TEN, or DRESS. Immune-mediated dermatologic adverse reactions occurred in 5% (90/1738) of patients, including Grade 3 (0.1%) and Grade 2 (2.0%) adverse reactions. Systemic corticosteroids were required in 29% (26/90) of patients with dermatologic adverse reactions.

BAVENCIO can result in **other immune-mediated adverse reactions**. Other clinically significant immune-mediated adverse reactions occurred at an incidence of <1% in patients who received BAVENCIO or were reported with the use of other PD-1/PD-L1 blocking antibodies. For **myocarditis**, permanently discontinue BAVENCIO for Grade 2, Grade 3, or Grade 4. For **neurological toxicities**, withhold BAVENCIO for Grade 2 and permanently discontinue for Grade 3 or Grade 4.

BAVENCIO can cause severe or life-threatening **infusion-related reactions**. Premedicate patients with an antihistamine and acetaminophen prior to the first 4 infusions and for subsequent infusions based upon clinical judgment and presence/severity of prior infusion reactions. Monitor patients for signs and symptoms of infusion-related reactions, including pyrexia, chills, flushing, hypotension, dyspnea, wheezing, back pain, abdominal pain, and urticaria. Interrupt or slow the rate of infusion for Grade 1 or Grade 2 infusion-related reactions. Permanently discontinue BAVENCIO for Grade 3 or Grade 4 infusion-related reactions. Infusion-related reactions occurred in 25% of patients, including three (0.2%) Grade 4 and nine (0.5%) Grade 3 infusion-related reactions. Eleven (92%) of the 12 patients with Grade ≥ 3 reactions were treated with intravenous corticosteroids.

Fatal and other serious **complications of allogeneic hematopoietic stem cell transplantation (HSCT)** can occur in patients who receive HSCT before or after being treated with a PD-1/PD-L1 blocking antibody. Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefit versus risks of treatment with a PD-1/PD-L1 blocking antibody prior to or after an allogeneic HSCT.

BAVENCIO can cause **fetal harm** when administered to a pregnant woman. Advise patients of the potential risk to a fetus including the risk of fetal death. Advise females of childbearing potential to use effective contraception during treatment with BAVENCIO and for at least 1 month after the last dose of BAVENCIO. It is not known whether BAVENCIO is excreted in human milk. Advise a lactating woman **not to breastfeed** during treatment and for at least 1 month after the last dose of BAVENCIO due to the potential for serious adverse reactions in breastfed infants.

A **fatal adverse reaction** (sepsis) occurred in one (0.3%) patient with **locally advanced or metastatic urothelial carcinoma (UC)** receiving BAVENCIO + best supportive care (BSC) as first-line maintenance treatment. In patients with previously treated locally advanced or metastatic UC, fourteen patients (6%) who were treated with BAVENCIO experienced either pneumonitis, respiratory failure, sepsis/urosepsis, cerebrovascular accident, or gastrointestinal adverse events, which led to death.

The most common adverse reactions (all grades, $\geq 20\%$) in patients with **locally advanced or metastatic UC** receiving BAVENCIO + BSC (vs BSC alone) as first-line maintenance treatment were fatigue (35% vs 13%), musculoskeletal pain (24% vs 15%), urinary tract infection (20% vs 11%), and rash (20% vs 2.3%). In patients with previously treated locally advanced or metastatic UC receiving BAVENCIO, the most common adverse reactions (all grades, $\geq 20\%$) were fatigue, infusion-related reaction, musculoskeletal pain, nausea, decreased appetite, and urinary tract infection.

Selected laboratory abnormalities (all grades, $\geq 20\%$) in patients with **locally advanced or metastatic UC** receiving BAVENCIO + BSC (vs BSC alone) as first-line maintenance treatment were blood triglycerides increased (34% vs 28%), alkaline phosphatase increased (30% vs 20%), blood sodium decreased (28% vs 20%), lipase increased (25% vs 16%), aspartate aminotransferase (AST) increased (24% vs 12%), blood potassium increased (24% vs 16%), alanine aminotransferase (ALT) increased (24% vs 12%), blood cholesterol increased (22% vs 16%), serum amylase increased (21% vs 12%), hemoglobin decreased (28% vs 18%), and white blood cell decreased (20% vs 10%).

Please see Important Safety Information throughout and full Prescribing Information [here](#).

Reference: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Bladder Cancer V4.2021. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed August 6, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.