Regimen Reference Order – CUTA – avelumab

ARIA: CUTA – [avelumab]

Planned Course: **Every 2 weeks until disease progression or unacceptable toxicity**
Indication for Use: **Merkel Cell Cancer Metastatic**

Drug Alert: Immune Checkpoint Inhibitor

CVAD: At Provider's Discretion

Proceed with treatment if:

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***
- ***Hemoglobin equal to or greater than 90 g/L***
- ***AST/ALT less than 2.5 times upper limit of normal***
- ***Total bilirubin less than 1.5 times upper limit of normal***
- ***Creatinine clearance greater than 30 mL/minute***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – CUTA – avelumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
cetirizine*	10 mg	Orally 30 minutes prior to avelumab
acetaminophen*	650 mg	Orally 30 minutes prior to avelumab
avelumab	10 mg/kg	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags* *Use 0.2 or 0.22 micron filter*

***Pre-medications should be given for the first 4 cycles and may be discontinued or modified thereafter**

Maximum avelumab dose is 800 mg
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information

In the event of an infusion-related hypersensitivity reaction, refer to the **'Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

- CBC, serum creatinine, electrolytes, liver enzymes, total bilirubin and glucose prior to each cycle as per Physician Orders
- TSH required every other cycle
- Medical oncologist or designate (i.e. family practitioner in oncology) must assess patient for immune-mediated adverse reactions prior to each cycle
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O2 saturation) at baseline and as clinically indicated
- No observation period is required after avelumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Confirm that patient has received the CCMB Immune Checkpoint Inhibitor Medical Alert wallet card
- Reinforce to patient the immune-mediated adverse reactions and importance of reporting immediately
    - For severe symptoms, the patient should be instructed to go to the nearest emergency room. Oncologist on call should be contacted

ADDITIONAL INFORMATION

- avelumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated