

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 $1 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$***
- ***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/min***
- ❖ **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
acetaminophen*	650 mg	Orally <u>30 to 60 minutes</u> prior to avelumab
diphenhydrAMINE*	50 mg	IV in normal saline 50 mL over 15 minutes <u>30 to 60 minutes</u> prior to avelumab
avelumab	10 mg/kg	IV in normal saline 250 mL over 60 minutes <i>Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter</i>

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

All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See CUTA DSG – Dose Banding document for more information

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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

REQUIRED MONITORING

- CBC, serum creatinine, electrolytes, liver functions, total bilirubin and glucose prior to each cycle as per Physician Orders
- TSH, T4 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) prior to each dose of avelumab and as clinically indicated
- No observation period is required
- Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Not Applicable		

DISCHARGE INSTRUCTIONS

- 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