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 60 minutes *Use non-DEHP bags and non-DEHP administration sets with 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 the DSG Approved Dose Bands. See CUTA DSG – 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 O_2 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