MVASI™ is indicated for the treatment of metastatic colorectal cancer (mCRC); Non-squamous non-small cell lung cancer (NSCLC); Metastatic renal cell carcinoma (mRCC); Recurrent glioblastoma (rGBM); Cervical cancer (CC).

**IMPORTANT SAFETY INFORMATION**

- **Gastrointestinal (GI) perforation**
  - Serious and sometimes fatal GI perforation occurred at a higher incidence in bevacizumab-treated patients compared to patients treated with chemotherapy
  - The incidence of GI perforation ranged from 0.3% to 3% across clinical studies
  - Discontinue MVASI™ in patients with GI perforation

- **Surgery and wound healing complications**
  - The incidence of wound healing and surgical complications, including serious and fatal complications, is increased in bevacizumab-treated patients
  - Withhold MVASI™ for at least 28 days prior to elective surgery. Do not administer MVASI™ for at least 28 days after surgery and until the wound is fully healed
  - Discontinue in patients with wound healing complications requiring medical intervention

- **Hemorrhage**
  - Severe or fatal hemorrhage, including hemoptysis, GI bleeding, hematemesis, central nervous system hemorrhage, epistaxis, and vaginal bleeding, occurred up to 5-fold more frequently in patients receiving bevacizumab. In clinical studies, the incidence of grade ≥3 hemorrhagic events among patients receiving bevacizumab ranged from 0.4% to 7%
  - Do not administer MVASI™ to patients with serious hemorrhage or a recent history of hemoptysis (≥1/2 tsp of red blood)
  - Discontinue MVASI™ in patients who develop grade 3-4 hemorrhage

Please see full **Important Safety Information** and click here for full Prescribing Information.

This brochure does not take the place of the reconstitution and preparation instructions located in the full Prescribing Information (PI). Please refer to the PI for specific instructions on preparing MVASI™.
Indications

MVASI™, in combination with intravenous fluorouracil-based chemotherapy, is indicated for the first- or second-line treatment of patients with metastatic colorectal cancer.

MVASI™, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy, is indicated for the second-line treatment of patients with metastatic colorectal cancer who have progressed on a first-line bevacizumab product-containing regimen.

Limitations of Use: MVASI™ is not indicated for adjuvant treatment of colon cancer.

Please see full Important Safety Information and click here for full Prescribing Information.
SUPPLY AND STORAGE

SUPPLY

MVASI™ is supplied as a sterile, colorless to pale yellow, preservative-free solution containing 25 mg/mL of bevacizumab-awwb in a single-dose vial. The vial stopper contains dry natural rubber.

Each carton of MVASI™ contains either:
• 100 mg of MVASI™ in 4 mL (25 mg/mL) (NDC 55513-206-01)
• 400 mg of MVASI™ in 16 mL (25 mg/mL) (NDC 55513-207-01)

STORAGE

• Store at 2° to 8°C (36° to 46°F) in the original carton until time of use. MVASI™ vials should be protected from light.

• Diluted MVASI™ solutions may be stored at 2° to 8°C (36° to 46°F) for up to 8 hours.

DO NOT FREEZE OR SHAKE.
Discard any unused portion remaining in the vial.

INDICATIONS (cont’d)

MVASI™, in combination with carboplatin and paclitaxel, is indicated for the first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer.

MVASI™ is indicated for the treatment of recurrent glioblastoma in adults.
PREPARATION AND ADMINISTRATION

DILUTION

Use appropriate aseptic technique. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration.

- MVASI™ is a colorless to pale yellow solution. Do not use vial if solution is cloudy, discolored, or contains particulate matter.

- Withdraw necessary amount of MVASI™ and dilute in a total volume of 100 mL of 0.9% Sodium Chloride Injection, USP. Discard any unused portion left in a vial, as the product contains no preservatives.

- Do not administer or mix with dextrose solution.

ADMINISTRATION

Administer only as an intravenous (IV) infusion. Do not administer as an intravenous push or bolus.

- Do not initiate MVASI™ until at least 28 days following major surgery. Administer MVASI™ after the surgical incision has fully healed.

- First infusion: Administer over 90 minutes.

- Subsequent infusions: Administer over 60 minutes if first infusion is tolerated; administer all subsequent infusions over 30 minutes if infusion over 60 minutes is tolerated.

INDICATIONS (cont’d)

MVASI™, in combination with interferon-alfa, is indicated for the treatment of metastatic renal cell carcinoma.

MVASI™, in combination with paclitaxel and cisplatin or paclitaxel and topotecan, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer.

Please see full Important Safety Information and click here for full Prescribing Information.
### RECOMMENDED DOSES AND SCHEDULES

<table>
<thead>
<tr>
<th>Disease Type</th>
<th>Treatment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METASTATIC COLORECTAL CANCER (mCRC)</strong></td>
<td><strong>WITH IFL CHEMOTHERAPY</strong></td>
</tr>
<tr>
<td></td>
<td>Every 2 Weeks</td>
</tr>
<tr>
<td></td>
<td>5 mg/kg</td>
</tr>
<tr>
<td><strong>WITH FOLFOX4</strong></td>
<td>Every 2 Weeks</td>
</tr>
<tr>
<td></td>
<td>10 mg/kg</td>
</tr>
<tr>
<td><strong>WITH BEVACIZUMAB-AWWB + FLUOROPYRIMIDINE AND IRINOTECAN OR OXALIPLATIN</strong></td>
<td>Every 2 Weeks <strong>OR</strong> Every 3 Weeks</td>
</tr>
<tr>
<td></td>
<td>5 mg/kg</td>
</tr>
<tr>
<td></td>
<td>7.5 mg/kg</td>
</tr>
<tr>
<td><strong>NON-SQUAMOUS NON-SMALL CELL LUNG CANCER (NSCLC)</strong></td>
<td><strong>WITH CARBOPLATIN + PACLITAXEL</strong></td>
</tr>
<tr>
<td></td>
<td>Every 3 Weeks</td>
</tr>
<tr>
<td></td>
<td>15 mg/kg</td>
</tr>
<tr>
<td><strong>RECURRENT GLIOBLASTOMA (rGBM)</strong></td>
<td><strong>AS SINGLE AGENT</strong></td>
</tr>
<tr>
<td></td>
<td>Every 2 Weeks</td>
</tr>
<tr>
<td></td>
<td>10 mg/kg</td>
</tr>
<tr>
<td><strong>METASTATIC RENAL CELL CARCINOMA (mRCC)</strong></td>
<td><strong>WITH INTERFERON ALFA</strong></td>
</tr>
<tr>
<td></td>
<td>Every 2 Weeks</td>
</tr>
<tr>
<td></td>
<td>10 mg/kg</td>
</tr>
<tr>
<td><strong>CERVICAL CANCER (CC)</strong></td>
<td><strong>WITH PACLITAXEL + CISPLATIN OR PACLITAXEL + TOPOTECAN</strong></td>
</tr>
<tr>
<td></td>
<td>Every 3 Weeks</td>
</tr>
<tr>
<td></td>
<td>15 mg/kg</td>
</tr>
</tbody>
</table>

IFL = irinotecan, leucovorin (folinic acid), and fluorouracil; FOLFOX4 = fluorouracil, leucovorin, and oxaliplatin.

- Patients should continue treatment until disease progression or unacceptable toxicity.¹

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**IMPORTANT SAFETY INFORMATION (cont’d)**

- Additional serious and sometimes fatal adverse events with increased incidence in the bevacizumab-treated arm vs chemotherapy arm included:
  - Non-GI fistulae (<1% to 1.8%, highest in patients with cervical cancer)
  - Arterial thromboembolic events (grade ≥3, 5%, highest in patients with GBM)
  - Renal injury and proteinuria
    - Grade 3–4 proteinuria ranged from 0.7% to 7% in clinical studies
    - Nephrotic syndrome (<1%)
CODING

NATIONAL DRUG CODES (NDCs)²,³

BILLING

Each single-dose carton contains one vial of MVASI™ (100 mg of bevacizumab-awwb) in 4 mL (25 mg/mL):
NDC 55513-206-01

Each single-dose carton contains one vial of MVASI™ (400 mg of bevacizumab-awwb) in 16 mL (25 mg/mL):
NDC 55513-207-01

METASTATIC COLORECTAL CANCER (mCRC)

<table>
<thead>
<tr>
<th>ICD-10-CM⁴</th>
<th>Malignant neoplasm of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cecum</td>
<td>C18.0-C18.1</td>
</tr>
<tr>
<td>Colon (various sites)</td>
<td>C18.2-C18.9</td>
</tr>
<tr>
<td>Rectosigmoid junction</td>
<td>C19</td>
</tr>
<tr>
<td>Rectum, rectal ampulla</td>
<td>C20</td>
</tr>
<tr>
<td>Overlapping sites of rectum, anus, and anal canal</td>
<td>C21.8</td>
</tr>
</tbody>
</table>

| HCPCS⁵   | Q5107 injection, bevacizumab-awwb, 10 mg |

<table>
<thead>
<tr>
<th>CPT⁶</th>
<th>96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96415: Chemotherapy administration, intravenous infusion technique; each additional hour. Must be listed separately in addition to code for primary procedure.</td>
</tr>
<tr>
<td></td>
<td>96417: Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to one hour. Must be listed separately in addition to code for primary procedure.</td>
</tr>
</tbody>
</table>

ICD = international classification of diseases; HCPCS = healthcare common procedure coding system; CPT = current procedural terminology.

IMPORTANT SAFETY INFORMATION (cont’d)

• Additional serious adverse events with increased incidence in the bevacizumab-treated arm vs chemotherapy arm included:
  • Venous thromboembolism (grade ≥3, 11% seen in GOG-0240)
  • Hypertension (grade 3–4, 5%–18%)
  • Posterior reversible encephalopathy syndrome (PRES) (<0.5%)
  • Congestive heart failure (CHF) (1%)

Please see full Important Safety Information and click here for full Prescribing Information.
**CODING (cont’d)**

### NON-SQUAMOUS NON-SMALL CELL LUNG CANCER (NSCLC)

<table>
<thead>
<tr>
<th>ICD-10-CM⁴</th>
<th>Malignant neoplasm of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trachea</td>
</tr>
<tr>
<td></td>
<td>Bronchus and lung, main bronchus</td>
</tr>
<tr>
<td></td>
<td>Upper lobe, bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>Middle lobe, bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>Lower lobe, bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>Overlapping sites, bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>Unspecified part, bronchus or lung</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS⁵</th>
<th>Q5107 injection, bevacizumab-awwb, 10 mg</th>
</tr>
</thead>
</table>

| CPT⁶       | 96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug. |
|           | 96415: Chemotherapy administration, intravenous infusion technique; each additional hour. Must be listed separately in addition to code for primary procedure. |
|           | 96417: Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to one hour. Must be listed separately in addition to code for primary procedure. |

### GLIOBLASTOMA

<table>
<thead>
<tr>
<th>ICD-10-CM⁴</th>
<th>Malignant neoplasm of the brain</th>
<th>C71.0-71.9</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HCPCS⁵</th>
<th>Q5107 injection, bevacizumab-awwb, 10 mg</th>
</tr>
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</table>

| CPT⁶       | 96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug. |
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|           | 96417: Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to one hour. Must be listed separately in addition to code for primary procedure. |

### IMPORTANT SAFETY INFORMATION (cont’d)

- Infusion reactions with the first dose of bevacizumab occurred in <3% of patients, and severe reactions occurred in 0.2% of patients.
- Avoid use in patients with ovarian cancer who have evidence of recto-sigmoid involvement by pelvic examination or bowel involvement on CT scan or clinical symptoms of bowel obstruction.
- Inform females of reproductive potential of the risk of ovarian failure prior to initiating treatment with MVASI™

---

**MVASI™**
Injection 100mg/vial & 400mg/vial
## CODING (cont’d)

### METASTATIC RENAL CELL CARCINOMA (mRCC)

<table>
<thead>
<tr>
<th>ICD-10-CM&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Malignant neoplasm of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right and left kidney, except renal pelvis</td>
<td>C64.1-C64.2</td>
</tr>
<tr>
<td>Unspecified kidney, except renal pelvis</td>
<td>C64.9</td>
</tr>
<tr>
<td>Renal pelvis</td>
<td>C65.1-C65.2, C65.9</td>
</tr>
</tbody>
</table>

| HCPCS<sup>5</sup> | Q5107 injection, bevacizumab-awwb, 10 mg |

<table>
<thead>
<tr>
<th>CPT&lt;sup&gt;6&lt;/sup&gt;</th>
<th>96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>96417: Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to one hour. Must be listed separately in addition to code for primary procedure.</td>
</tr>
</tbody>
</table>

### PERSISTENT, RECURRENT, OR METASTATIC CARCINOMA OF THE CERVIX

<table>
<thead>
<tr>
<th>ICD-10-CM&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Malignant neoplasm of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocervix and exocervix</td>
<td>C53.0-C53.1</td>
</tr>
<tr>
<td>Overlapping sites of cervix uteri and unspecified sites of the cervix uteri</td>
<td>C53.8-C53.9</td>
</tr>
</tbody>
</table>

| HCPCS<sup>5</sup> | Q5107 injection, bevacizumab-awwb, 10 mg |

<table>
<thead>
<tr>
<th>CPT&lt;sup&gt;6&lt;/sup&gt;</th>
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<td>96417: Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to one hour. Must be listed separately in addition to code for primary procedure.</td>
</tr>
</tbody>
</table>

## IMPORTANT SAFETY INFORMATION (cont’d)

### Pregnancy warning

- Based on the mechanism of action and animal studies, MVASI™ may cause fetal harm when administered to pregnant women
- Advise female patients that MVASI™ may cause fetal harm, and to inform their healthcare provider of a known or suspected pregnancy
- Advise females of reproductive potential to use effective contraception during treatment with MVASI™ and for 6 months after the last dose
- Advise nursing women that breastfeeding is not recommended during treatment with MVASI™ and for 6 months following their last dose of treatment
- MVASI™ may impair fertility

Please see full Important Safety Information and click here for full Prescribing Information.
The CMS 1450 for Hospital Outpatient

Sample UB-04 (CMS 1450) Form — Hospital Outpatient Administration

Anytown Hospital
100 Main Street
Anytown, Anystate 01010

Smith, Jane
123 Main Street, Anytown, Anystate 12345

0636 MVASI bevacizumab-awwb
0510 Clinic

PRODUCT AND PROCEDURE CODES (BOX 44)

Product
Use Q5107, injection, bevacizumab-awwb, biosimilar, MVASI™, 10 mg.

Related administration procedure
Use CPT code representing procedure performed. Healthcare providers should consult the payer or Medicare contractor to determine which code is most appropriate for administration of MVASI™.

Wastage should be appropriately documented in medical records; wastage may need to be billed on a separate line item using a -JW modifier in accordance with payer policy.

REVENUE CODES (BOX 42) AND DESCRIPTIONS (BOX 43)

Product
Medicare: Use revenue code 0636, drugs requiring detailed coding.
Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer).

Related administration procedure
Use most appropriate revenue code for cost center where services were performed (eg, 0510, clinic).

DIAGNOSIS CODES (BOX 67)
Enter appropriate ICD-10-CM diagnosis code(s) corresponding to patient’s diagnosis.

Report units of service per MVASI™ label and per local payer policy as appropriate.

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.
PHYSICIAN CODING FORM

The CMS 1500 for Physician Office

Sample CMS 1500 Form — Physician Office Administration

**HEALTH INSURANCE CLAIM FORM**

**PRODUCT CODE (BOX 24D)**

Use Q5107, injection, bevacizumab-awwb, biosimilar, MVASI™, 10 mg.

**DIAGNOSIS CODE (BOX 21)**

Document appropriate (ICD-10-CM diagnosis code(s) corresponding to patient's diagnosis. Line A — primary diagnosis code.

**DIAGNOSIS CODE (BOX 24E)**

Specify diagnosis, from Box 21, relating to each CPT/HCPCS code listed in Box 24D.

**SERVICE UNITS (BOX 24G)**

Report units of service per MVASI™ label. Wastage should be appropriately documented in medical records; wastage may need to be billed on a separate line item using a -JW modifier in accordance with payer policy.

**PROCEDURE CODE (BOX 24D)**

Use CPT code representing procedure performed. Healthcare providers should consult the payer or Medicare contractor to determine which code is most appropriate for administration of MVASI™.

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.
INDICATIONS
MVASI™ is indicated for the treatment of:
• Metastatic colorectal cancer (mCRC)
• Non-squamous non-small cell lung cancer (NSCLC)
• Recurrent glioblastoma (rGBM)
• Metastatic renal cell carcinoma (mRCC)
• Cervical cancer (CC)

PRODUCT INFORMATION

<table>
<thead>
<tr>
<th>NDC</th>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>55513-206-01</td>
<td>100 mg of MVASI™ in 4 mL (25 mg/mL)</td>
<td>One per carton</td>
</tr>
<tr>
<td>55513-207-01</td>
<td>400 mg of MVASI™ in 16 mL (25 mg/mL)</td>
<td>One per carton</td>
</tr>
</tbody>
</table>

STORAGE AND HANDLING REQUIREMENTS
Store at 2° to 8°C (36° to 46°F) in the original carton until time of use. MVASI™ vials should be protected from light. DO NOT FREEZE OR SHAKE. Discard any unused portion remaining in the vial. Diluted MVASI™ solutions may be stored at 2° to 8°C (36° to 46°F) for up to 8 hours. Store undiluted vials at 2° to 8°C (36° to 46°F) in the original carton until time of use. MVASI™ vials should be protected from light.

SHIPPING CONTAINER INFORMATION
MVASI™ should be unpacked and refrigerated.
MVASI™ should not be stored in the shipping container.

PRODUCT EXPIRATION
The expiration date is printed on each dispensing pack and vial label.

SUPPLIED AND MARKETED BY
Amgen USA Inc.
amgen.com
MVASI.com

PRODUCT RETURNS
For information and instructions regarding product returns, please contact your wholesaler or Amgen Trade Operations at 1-800-28-AMGEN (1-800-282-6436). Credit for returns is subject to Amgen’s current Product Return Policy.

PRODUCT INFORMATION
Medical Information: 1-800-77-AMGEN (1-800-772-6436)

REIMBURSEMENT INFORMATION
Amgen Assist 360™: 1-888-4ASSIST (1-888-427-7478) or www.AmgenAssistOnline.com
**IMPORTANT SAFETY INFORMATION**

- **Gastrointestinal (GI) perforation**
  - Serious and sometimes fatal GI perforation occurred at a higher incidence in bevacizumab-treated patients compared to patients treated with chemotherapy.
  - The incidence of GI perforation ranged from 0.3% to 3% across clinical studies.
  - Discontinue MVASI™ in patients with GI perforation.

- **Surgery and wound healing complications**
  - The incidence of wound healing and surgical complications, including serious and fatal complications, is increased in bevacizumab-treated patients.
  - Withhold MVASI™ for at least 28 days prior to elective surgery. Do not administer MVASI™ for at least 28 days after surgery and until the wound is fully healed.
  - Discontinue in patients with wound healing complications requiring medical intervention.

- **Hemorrhage**
  - Severe or fatal hemorrhage, including hemoptysis, GI bleeding, hematemesis, central nervous system hemorrhage, epistaxis, and vaginal bleeding, occurred up to 5-fold more frequently in patients receiving bevacizumab. In clinical studies, the incidence of grade ≥3 hemorrhagic events among patients receiving bevacizumab ranged from 0.4% to 7%.
  - Do not administer MVASI™ to patients with serious hemorrhage or a recent history of hemoptysis (≥1/2 tsp of red blood).
  - Discontinue MVASI™ in patients who develop grade 3–4 hemorrhage.

- **Additional serious and sometimes fatal adverse events with increased incidence in the bevacizumab-treated arm vs chemotherapy arm included:**
  - Non-GI fistulae (<1% to 1.8%, highest in patients with cervical cancer).
  - Arterial thromboembolic events (grade ≥3, 5%, highest in patients with GBM).
  - Renal injury and proteinuria.
    - Grade 3–4 proteinuria ranged from 0.7% to 7% in clinical studies.
    - Nephrotic syndrome (<1%).

- **Additional serious adverse events with increased incidence in the bevacizumab-treated arm vs chemotherapy arm included:**
  - Venous thromboembolism (grade ≥3, 11% seen in GOG-0240).
  - Hypertension (grade 3–4, 5%–18%).
  - Posterior reversible encephalopathy syndrome (PRES) (<0.5%).
  - Congestive heart failure (CHF) (1%).

- **Infusion reactions with the first dose of bevacizumab occurred in <3% of patients, and severe reactions occurred in 0.2% of patients.**

- **Avoid use in patients with ovarian cancer who have evidence of recto-sigmoid involvement by pelvic examination or bowel involvement on CT scan or clinical symptoms of bowel obstruction.**

- **Inform females of reproductive potential of the risk of ovarian failure prior to initiating treatment with MVASI™.**

**Pregnancy warning**

- Based on the mechanism of action and animal studies, MVASI™ may cause fetal harm when administered to pregnant women.

- Advise female patients that MVASI™ may cause fetal harm, and to inform their healthcare provider of a known or suspected pregnancy.

- Advise females of reproductive potential to use effective contraception during treatment with MVASI™ and for 6 months after the last dose.

- Advise nursing women that breastfeeding is not recommended during treatment with MVASI™ and for 6 months following their last dose of treatment.

- MVASI™ may impair fertility.

**Most common adverse events**

- Across studies, the most common adverse reactions observed in bevacizumab-treated patients at a rate >10% were:
  - Epistaxis
  - Headache
  - Hypertension
  - Rhinitis
  - Proteinuria
  - Taste alteration

- Across all studies, bevacizumab was discontinued in 8% to 22% of patients because of adverse reactions.

**Indication-specific adverse events**

- In CC, grade 3 or 4 adverse reactions in Study GOG-0240, occurring at a higher incidence (≥2%) in 218 patients receiving bevacizumab plus chemotherapy compared to 222 patients receiving chemotherapy alone, were abdominal pain (12% vs 10%), diarrhea (6% vs 3%), anal fistula (4% vs 0%), proctalgia (3% vs 0%), urinary tract infection (8% vs 6%), cellulitis (3% vs 0.5%), fatigue (14% vs 10%), hypertension (11% vs 0.5%), thrombosis (8% vs 3%), hypokalemia (7% vs 4%), hyponatremia (<4% vs 1%), dehydration (4% vs 0.5%), neutropenia (8% vs 4%), lymphopenia (6% vs 3%), back pain (6% vs 3%), and pelvic pain (6% vs 1%).
• In mRCC, the most common grade 3–5 adverse events in AVOREN, occurring at a >2% higher incidence in bevacizumab-treated patients vs controls, were fatigue (13% vs 8%), asthenia (10% vs 7%), proteinuria (7% vs 0%), hypertension (6% vs 1%, including hypertension and hypertensive crisis), and hemorrhage (3% vs 0.3%, including epistaxis, small intestinal hemorrhage, aneurysm rupture, gastric ulcer hemorrhage, gingival bleeding, hemoptysis, hemorrhage intracranial, large intestinal hemorrhage, respiratory tract hemorrhage, and traumatic hematoma).

• In rGBM Study EORTC 26101, 22% of patients discontinued treatment in the bevacizumab with lomustine arm due to adverse reactions compared with 10% of patients in the lomustine arm. In patients receiving bevacizumab with lomustine, the adverse reaction profile was similar to that observed in other approved indications.

• In NSCLC, grade 3–5 (nonhematologic) and grade 4–5 (hematologic) adverse events in Study E4599 occurring at a ≥2% higher incidence in bevacizumab-treated patients vs controls were neutropenia (27% vs 17%), fatigue (16% vs 13%), hypertension (8% vs 0.7%), infection without neutropenia (7% vs 3%), venous thromboembolism (5% vs 3%), febrile neutropenia (5% vs 2%), pneumonitis/pulmonary infiltrates (5% vs 3%), infection with grade 3 or 4 neutropenia (4% vs 2%), hyponatremia (4% vs 1%), headache (3% vs 1%), and proteinuria (3% vs 0%).

• In first-line mCRC, the most common grade 3–4 events in Study 2107, which occurred at a ≥2% higher incidence in the bevacizumab plus IFL vs IFL groups, were asthenia (10% vs 7%), abdominal pain (8% vs 5%), pain (8% vs 5%), hypertension (12% vs 2%), deep vein thrombosis (9% vs 5%), intra-abdominal thrombosis (3% vs 1%), syncope (3% vs 1%), diarrhea (34% vs 25%), constipation (4% vs 2%), leukopenia (37% vs 31%), and neutropenia (21% vs 14%).

• In second-line mCRC, the most common grade 3–5 (nonhematologic) and 4–5 (hematologic) events in Study E3200, which occurred at a higher incidence ≥2% in the bevacizumab plus FOLFOX4 vs FOLFOX4 groups, were fatigue (19% vs 13%), diarrhea (18% vs 13%), sensory neuropathy (17% vs 9%), nausea (12% vs 5%), vomiting (11% vs 4%), dehydration (10% vs 5%), hypertension (9% vs 2%), abdominal pain (8% vs 5%), hemorrhage (5% vs 1%), other neurological (5% vs 3%), ileus (4% vs 1%), and headache (3% vs 0%). These data are likely to underestimate the true adverse event rates due to the reporting mechanisms used in this study.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Amgen at 1-800-772-6436.

Please see full Important Safety Information and click here for full Prescribing Information.

**MVASI™ INDICATIONS**

MVASI™ is a vascular endothelial growth factor inhibitor indicated for the treatment of:

MVASI™, in combination with intravenous fluorouracil-based chemotherapy, is indicated for the first- or second-line treatment of patients with metastatic colorectal cancer.

MVASI™, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy, is indicated for the second-line treatment of patients with metastatic colorectal cancer who have progressed on a first-line bevacizumab product-containing regimen.

**Limitations of Use:** MVASI™ is not indicated for adjuvant treatment of colon cancer.

MVASI™, in combination with carboplatin and paclitaxel, is indicated for the first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer.

MVASI™ is indicated for the treatment of recurrent glioblastoma in adults.

MVASI™, in combination with interferon-alfa, is indicated for the treatment of metastatic renal cell carcinoma.

MVASI™, in combination with paclitaxel and cisplatin or paclitaxel and topotecan, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer.
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Connect with an Amgen Reimbursement Counselor or schedule a visit with a Field Reimbursement Specialist

PATIENT RESOURCE GUIDE
Find co-pay and reimbursement resources* for patients with different kinds of insurance, or no insurance at all

BENEFIT VERIFICATION
Submit, store, and retrieve benefit verifications for all your patients currently on an Amgen product

*Resources include referrals to independent nonprofit patient assistance programs. Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofits’ criteria. Amgen has no control over these programs and provides referrals as a courtesy only.

CALL 1-888-4ASSIST (888-427-7478)
Monday to Friday, 9:00 am to 8:00 pm ET, or visit AmgenAssist360.com.
NOTES

IMPORTANT SAFETY INFORMATION (cont’d)

Most common adverse events

• Across studies, the most common adverse reactions observed in bevacizumab-treated patients at a rate >10% were:

  - Epistaxis
  - Headache
  - Hypertension
  - Rhinitis
  - Proteinuria
  - Taste alteration
  - Dry skin
  - Rectal hemorrhage
  - Lacrimation disorder
  - Back pain
  - Exfoliative dermatitis

• Across all studies, bevacizumab was discontinued in 8% to 22% of patients because of adverse reactions
Reimbursement Disclaimer

This resource intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

Please see full Important Safety Information and click here for full Prescribing Information.

Please visit MVASI.com for additional information and resources.

Call 1-800-77-AMGEN (1-800-772-6436) if you have questions about the preparation and administration of MVASI™.