Patient Assistance Program
APPLICATION

CELLTRION CONNECT® PATIENT SUPPORT PROGRAM | Vegzelma® bevacizumab-adcd

Monday - Friday, 8 AM - 8 PM ET | Phone: (877) 812-6662 | Fax: (877) 431-6444 | www.CelltrionConnect.com

Patient Information - All fields marked with an * are required.

*First Name ____ MI ____ *Last Name ____

*Address ____ *City ____ *State ____ *Zip ____

*Date of Birth ____ Sex ☐ Male ☐ Female ☐ Prefer Not to Answer Weight ____ lb or ____ kg

*Email ____ Preferred Language ☐ English ☐ Other ____

*Primary Phone ____ ☐ Cell ☐ Home Secondary Phone ____ ☐ Cell ☐ Home

Preferred Contact ☐ Patient ☐ Alternate Contact *By providing alternate contact information, I hereby authorize the release of my protected health information to the authorized alternate contact.*

Alternate Contact Name ____ Relationship to Patient ____

Primary Phone ____ ☐ Cell ☐ Home Secondary Phone ____ ☐ Cell ☐ Home

The Celltrion CONNECT Patient Assistance Program is for uninsured patients only. Please check this box to confirm the patient does not have insurance ☐

Patient Authorization to Share Health Information

By signing this form, the patient gives their permission for their physicians, pharmacies, laboratories, and other healthcare providers ("Healthcare Providers") and their health insurers to share their individually identifiable health information with Celltrion USA, Inc., the Celltrion Patient Assistance Foundation, and Celltrion affiliates and its vendors (collectively, "Celltrion").

The patient understands that their individually identifiable health information may include their full name, address, date of birth, demographic information, financial information, insurance information, and information related to their medical condition, treatment, care management, medication history, and prescriptions (collectively, "Health Information"), whether in written or verbal form, including portions of their medical record.

The patient's Health Information will be shared with Celltrion so that Celltrion may provide them with various support and information to help them access a Celltrion medicine, which may include the following, depending on the program (collectively, "Patient Support Activities"):

- Processing this application
- Verifying the information provided in this application
- Providing benefit investigation/verification and reimbursement support, including:
  - Assisting with identification of prior authorization requirements
  - Assisting with the identification of requirements of their insurer for appeal of a denied claim
- Determining their eligibility for and helping them access co-pay support or free drug programs
- Communicating with their Healthcare Providers about a Celltrion medicine and Patient Support Activities
- Coordinating the dispensing and delivery of medication
- Providing them with financial assistance resources and information if they are eligible
- Providing them with disease management and other educational materials, as well as information about Celltrion's products, services, and programs and may include sending them surveys about their experience with Celltrion products, services, and programs

Celltrion also may use their Health Information for auditing for compliance with Program requirements, for quality assurance purposes, and to evaluate and improve our operations and services.

The patient understands that Celltrion may de-identify their Health Information and use it in performing research, education, business analytics, marketing studies, or for other commercial purposes, including linkage with other de-identified data Celltrion receives from other sources.

The patient understands that they do not have to sign this form, and choosing not to sign will not affect their ability to receive treatment from their Healthcare Providers or payment from their health insurer. However, if they do not sign this form, Celltrion may not be able to provide them with assistance.

The patient understands that once their Health Information is shared, it may no longer be protected by federal privacy law. However, Celltrion agrees to protect their Health Information and to use it for the purposes described in this form or as required or permitted by law. Select pharmacies may receive remuneration from Celltrion in exchange for their Health Information and/or for any Patient Support Activities provided to them. The patient understands that this form will remain in effect for six (6) years from the date of their signature or shall otherwise expire at a shorter duration as required under applicable state law unless they provide written notice that they would like to withdraw their approval to share their Health Information sooner. If the patient would like to withdraw their approval, they may contact Celltrion at **(877) 812-6662**. This withdrawal will not affect the use or sharing of their Health Information that took place before they withdraw their approval. The patient understands that they may receive a copy of this form.

SIGN & DATE

Patient or Patient Authorized Representative Signature ____ **Date** ____

Patient Representative First and Last Name (print) ____ Relationship to Patient ____

Patient Name | Patient Date of Birth

Patient Assistance Program (PAP) Consent

I certify that I cannot afford my medication, and I affirm that my answers and my proof-of-income documents are complete, true, and accurate to the best of my knowledge. I will promptly contact the Celltrion Patient Assistance Program within thirty (30) days if my financial status or health insurance coverage changes. I will not seek to have this medicine or any cost from it counted in my Medicare Part D out-of-pocket expenses for prescription drugs. I will not seek reimbursement or credit for the medicine(s) from my prescription insurance provider, payor, or government health benefit program, including Medicare Part D plans, for Celltrion medications that I receive from the Celltrion Patient Assistance Foundation. I will notify my insurance provider of the receipt of any medicines through the Celltrion Patient Assistance Program. I have a signed copy of a current and completed Patient Authorization to Share Health Information on record with my healthcare provider so that my healthcare provider may share health information about me with Celltrion's assistance programs, Celltrion USA, Inc., and the Celltrion Patient Assistance Foundation.

I understand that the information I provide will be used by Celltrion, the Celltrion Patient Assistance Foundation, and parties acting on their behalf to determine eligibility, to manage and improve Celltrion's assistance programs, to communicate with me about my experience with Celltrion's assistance programs, to help me understand my insurance coverage and help me access certain Celltrion medicines through my insurance, and/or to send materials and other helpful information and updates relating to Celltrion programs.

I understand that: Completing this enrollment form does not guarantee that I will qualify for Celltrion's assistance programs. Celltrion may contact my insurer to help me understand my insurance coverage for certain products and may provide me with support to obtain coverage through my insurer, including prior authorization and appeals support (if necessary and available). Celltrion may verify the accuracy of the information I have provided and may ask for more financial and insurance information. Any medicines supplied by Celltrion's assistance programs shall not be sold, traded, bartered, or transferred. Celltrion reserves the right to change or cancel Celltrion's assistance programs, or terminate my enrollment, at any time. The support provided through this program is not contingent on any future purchase. If I decide to enroll in a Medicare Part D plan and am eligible for the Celltrion Patient Assistance Program, I will inform the Celltrion Patient Assistance Foundation by calling (877) 812-6662. If I receive notice that I have been auto enrolled in a Medicare Part D plan, I will immediately notify the Celltrion Patient Assistance Foundation.

☐ **By checking this box**, the patient agrees to PAP consent and agrees to the Terms and Conditions specified **here**.

Patient Authorization to Telephone Consumer Protection Act (TCPA) Information

By signing up for text messages from Celltrion, the patient agrees that they are the primary owner of the phone number(s) provided and consent to receiving promotional communications in the form of phone calls or text messages relating to Celltrion products and services and/or their condition or treatment at the phone number(s) provided. These communications may be sent from an automated system for the selection and dialing of telephone numbers, including an automatic telephone dialing system, or may use an artificial or pre-recorded voice, including recording messages or pre-recorded voicemails.

Your agreement and consent is not required as a condition for the purchase of any goods or services. Message and data rates may apply. Unsubscribe at any time by replying STOP or clicking the unsubscribe link (where available). Text HELP for help. Message frequency varies. To the maximum extent permitted by law: (i) all information contained in SMS text messages is provided "as is" without warranty of any kind, either express or implied, including but not limited to the implied warranties of merchantability, fitness for a particular purpose, or noninfringement; and (ii) Celltrion expressly excludes any liability for any direct, indirect, or consequential loss or damage incurred by any user in connection with the receipt, use, failure of, or inability to use SMS text messages.

The patient also gives their permission to receive communications from Celltrion and parties acting on its behalf, including calls or messages made with an automated system for the selection and dialing of telephone numbers, including an automatic telephone dialing system, or may use an artificial or pre-recorded voice, including recorded messages or prerecorded voicemails at the phone number(s) provided to determine their eligibility and provide benefits verification, prior authorization/appeals assistance, and financial assistance resources and information, such as co-pay support or free drug programs, Nurse Connectors™ educational support communications, and/or other nonmarketing purposes. The patient understands that they can opt out of these telephonic communications concerning Patient Support Activities at any time by contacting Celltrion at **(877) 812-6662**, Monday - Friday, 8 AM - 8 PM ET.

Celltrion CONNECT®: View our privacy policy: **https://www.celltrionconnect.com/patient-privacy-policy** | View our terms of use: **https://www.celltrionconnect.com/terms-of-use/**

By signing below, the patient expressly consents to the terms of this section.

SIGN & DATE **Patient or Patient Authorized Representative Signature** | **Date**

Cell Phone ☐ **By checking this box**, the patient accepts receiving SMS messages with the cell phone number(s) provided here.

Patient Financial Verification Authorization

I understand that by checking the "I Agree" box immediately following this notice, I am providing "written instructions" to Celltrion CONNECT® and/or its agents and contractors under applicable federal and/or state law authorizing them to perform electronic income verification by obtaining information from my personal credit profile or other information from Experian Health. I authorize Celltrion CONNECT® and/or their agents and contractors to obtain such information solely to validate my income for the purposes of determining my eligibility for patient assistance. As a soft credit check, it will not impact my credit score.

☐ **I AGREE** to the terms above for electronic income verification using Experian Health.

☐ **I DO NOT AGREE** with the terms above and do not wish to have my income verified by using Experian Health. I understand that I will be asked to provide supporting documentation to authenticate my income and eligibility. If additional income documentation is required, the following documents are acceptable for income verification:

- Social Security/Disability benefit statement, monthly check, or 1099
- Previous year tax return or W-2 statement
- Unemployment or disability determination letter

Patient Income Verification

Annual Gross Income (Including salary/wages, Social Security income, disability income, and any other income): | **Household Size** (Number of members including you):

☐ **By checking this box**, the patient agrees to income information specified above.

Patient Name _____ Patient Date of Birth _____

Prescriber Information - All fields required.

Prescriber First Name _____ MI _____ Prescriber Last Name _____ Prescriber NPI _____

Tax ID # _____ Medicare PTAN # _____ Prescriber Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Practice Name _____ Practice Contact Name _____

Practice Contact Title _____ Phone _____ Practice Contact Email Address _____

Clinical Information - All fields marked with an * are required.

***Primary Diagnosis**

- ☐ Metastatic colorectal cancer (mCRC)
- ☐ First-line nonsquamous non-small cell lung cancer (NSCLC)
- ☐ Persistent, recurrent, or metastatic cervical cancer
- ☐ Epithelial ovarian, fallopian tube, or primary peritoneal cancer
- ☐ Metastatic renal cell carcinoma (mRCC)
- ☐ Recurrent glioblastoma (GBM)

***Primary ICD-10 Code:** _____ Other ICD-10 Code: _____

Administration Information - All fields required.

Site of Administration: ☐ Prescribing Physician's Office ☐ Non-Prescribing Physician's Office ☐ Hospital Outpatient Infusion Center ☐ Other _____

If preferred administration site has a different address than the prescribing physician's practice above, please complete the following:

Name of Preferred Site of Administration or Home Infusion Company: _____

Contact Name: _____ Phone: _____ Fax: _____

Site of Administration NPI #: _____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

VEGZELMA® (bevacizumab-adcd)

VEGZELMA® (bevacizumab-adcd) Single-dose vial 100 mg/4 mL 400 mg/16 mL

Infuse: _____ mg every _____ weeks **Number of Infusions:** _____ CPT Code _____

Prescriber Attestation/Authorization

By signing this document, the prescriber attests that they have obtained any and all authorizations and consents from the patient or the patient's authorized personal representative necessary under HIPAA and state law to release protected health information, including that contained on this form, to Celltrion and its employees or agents for the purposes relating to Celltrion's patient support program, including assisting the patient with benefits verification, prior authorization/appeals assistance, dispensing and delivery of the medication, financial assistance resources and information, such as co-pay support or free drug programs for which the patient may be eligible, and other support for Celltrion's medication.

The provider certifies that they have obtained consent from the patient or the patient's caregiver to be contacted by Celltrion, Celltrion CONNECT®, and parties acting on their behalf at the phone number(s) provided regarding the purposes described above and for other non-marketing purposes.

The provider certifies that they are the prescriber of VEGZELMA to the patient and that the therapy is medically necessary. The provider authorizes Celltrion to act on their behalf to transmit this prescription by any means necessary to the pharmacy chosen by the patient.

SIGN & DATE **Prescriber Signature and Date (no stamps)** Dispense as Written/Brand Medically Necessary _____ Date _____

May Substitute/Product Selection Permitted _____ Date _____

CA, MA, NC, and PR: Interchange is mandated unless the prescriber writes the words "No Substitution" HERE _____

ATTN: Please submit the electronic prescription as required by your state law

Patients Eligible for the Celltrion CONNECT® Patient Assistance Program (PAP)

The Celltrion CONNECT PAP is designed to provide free product to qualified individuals who are uninsured. Celltrion CONNECT will help activate the PAP for eligible participants.

To receive PAP benefits, the patient must enroll in the program and meet the following eligibility requirements:.

- Patient has no insurance:
  - Uninsured includes all payor types
  - The patient must have tried all other insurance options for coverage. Some examples of other insurance coverage include private insurance, HMOs, Medicaid, Medicare, state pharmacy assistance programs, veterans assistance, and any other social service agency support.
  - This program excludes patients whose medication is reimbursed in whole or in part by any type of government insurance (eg, Medicare, Medicaid, TRICARE, or any other federal or state program). Patients who have Medicare Parts A and B only (no Medicare Part D) are still excluded.
- Patient must have a valid prescription from a licensed healthcare provider (HCP) for an on-label indication.
- Patient must have an adjusted annual household income of ≤400% of the federal poverty level (FPL).
- Income verification:
  - Electronic income verification (eIV) will be conducted by the program. No asset review will be required; however, patients will need to provide proof of income if eIV does not match what the patient has reported (proof of income could include one of the following: W-2s, tax returns (1040, 1099), 3 months of pay stubs).
- Patient must show proof of residency by providing a valid United States or the Commonwealth of Puerto Rico address, and product must be administered and shipped to locations in the United States or the Commonwealth of Puerto Rico. Patient must have lived in the United States or the Commonwealth of Puerto Rico for at least 6 months.
- Diagnosis and dosing are consistent with FDA-approved indication for VEGZELMA.
- Patients with insurance plans or employers participating in an alternate funding program (also sometimes referred to as patient advocacy programs, specialty networks, SHARx, Paydhealth, or Payer Matrix, among other names) are not eligible for PAP.
  - These programs require patients to apply to a manufacturer's PAP or otherwise pursue specialty drug prescription coverage through an alternate funding vendor as a condition of, requirement for, or prerequisite to coverage of relevant products, or that otherwise denies, restricts, eliminates, delays, alters, or withholds any insurance benefits or coverage contingent upon application to, or denial of eligibility for, specialty drug prescription coverage through the alternate funding program.
  - Patients must promptly contact the Celltrion CONNECT PAP if their financial status or insurance coverage changes.
- Electronic benefits verification (eBV) will be conducted by the program every 6 months to determine coverage changes.
- You may not seek payment for the value of medicines received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States or the Commonwealth of Puerto Rico. Void where prohibited, taxed, or limited by law.
- Program terms will expire at the end of each calendar year and may change or end without notice.
- Eligibility rules are subject to change at any time.

Indications and Important Safety Information for VEGZELMA® (bevacizumab-adcd)

INDICATIONS

Metastatic Colorectal Cancer (mCRC)

- VEGZELMA, in combination with intravenous fluorouracil-based chemotherapy, is indicated for the first- or second-line treatment of patients with mCRC
- VEGZELMAVEGZELMA, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy, is indicated for the second-line treatment of patients with mCRC who have progressed on a first-line bevacizumab product-containing regimen

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

First-Line Non-Squamous Non-Small Cell Lung Cancer (NSCLC)
VEGZELMA, in combination with carboplatin and paclitaxel, is indicated for the first-line treatment of patients with unresectable, locally advanced, recurrent, or metastatic non-squamous NSCLC.

Recurrent Glioblastoma (GBM)
VEGZELMA is indicated for the treatment of recurrent GBM in adults.

Metastatic Renal Cell Carcinoma (mRCC)
VEGZELMA, in combination with interferon alfa, is indicated for the treatment of mRCC.

Persistent, Recurrent, or Metastatic Cervical Cancer
VEGZELMA, in combination with paclitaxel and cisplatin or paclitaxel and topotecan, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Gastrointestinal Perforations and Fistulae: Serious, and sometimes fatal, gastrointestinal perforation occurred at a higher incidence in patients receiving bevacizumab products vs chemotherapy. The incidence ranged from 0.3% to 3% across clinical studies, with the highest incidence in patients with a history of prior pelvic radiation. Serious fistulae ranged from <1% to 1.8% across clinical studies, with the highest incidence in patients with cervical cancer. Avoid VEGZELMA 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. Discontinue in patients who develop gastrointestinal perforation, tracheoesophageal fistula, or any Grade 4 fistula. Discontinue in patients with fistula formation involving any internal organ.

Surgery and Wound Healing Complications: The incidence of surgery and wound healing complications, including serious and fatal complications, was increased in patients receiving bevacizumab products. In patients who experience wound healing complications during treatment, withhold VEGZELMA until adequate wound healing. Discontinue VEGZELMA in patients who develop necrotizing fasciitis.

Hemorrhage: Severe or fatal hemorrhage occurred up to 5-fold more frequently in patients receiving bevacizumab products vs chemotherapy alone. Discontinue VEGZELMA in patients who develop a Grades 3-4 hemorrhage.

Arterial Thromboembolic Events: Serious, sometimes fatal, arterial thromboembolic events (ATE) occurred at a higher incidence in patients receiving bevacizumab vs chemotherapy. Discontinue VEGZELMA in patients who develop a severe ATE. The safety of reinitiating bevacizumab products after an ATE is resolved is not known.

Venous Thromboembolic Events: An increased risk of venous thromboembolic events (VTE) was observed across clinical studies. Discontinue VEGZELMA in patients with a Grade 4 VTE, including pulmonary embolism.

Hypertension: Severe hypertension occurred at a higher incidence in patients receiving bevacizumab products vs chemotherapy alone. Monitor blood pressure every two to three weeks during treatment with VEGZELMA. Treat with appropriate anti-hypertensive therapy and monitor blood pressure regularly. Discontinue in patients who develop hypertensive crisis or hypertensive encephalopathy.

Posterior Reversible Encephalopathy Syndrome: Posterior reversible encephalopathy syndrome (PRES) was reported in <0.5% of patients across clinical studies. Discontinue VEGZELMA in patients who develop PRES.

Renal Injury and Proteinuria: The incidence and severity of proteinuria was higher in patients receiving bevacizumab products vs chemotherapy. Nephrotic syndrome occurred in <1% of patients receiving bevacizumab products across clinical studies, in some instances with fatal outcome. Discontinue VEGZELMA in patients who develop nephrotic syndrome.

Infusion-Related Reactions: In clinical studies, infusion-related reactions with the first dose of bevacizumab products occurred in <3% of patients and severe reactions occurred in 0.4% of patients. Decrease the rate of infusion for mild, clinically insignificant infusion-related reactions. Interrupt the infusion in patients with clinically significant infusion-related reactions and consider resuming at a slower rate following resolution. Discontinue VEGZELMA in patients who develop a severe infusion-related reaction and administer appropriate medical therapy.

Embryo-Fetal Toxicity: Bevacizumab products may cause fetal harm when administered to pregnant women. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with VEGZELMA and for 6 months after the last dose.

Ovarian Failure: The incidence of ovarian failure was 34% vs 2% in premenopausal women receiving bevacizumab with chemotherapy vs chemotherapy alone for adjuvant treatment of a solid tumor. Inform females of reproductive potential of the risk of ovarian failure prior to initiating treatment with VEGZELMA.

Congestive Heart Failure (CHF): VEGZELMA is not indicated for use with anthracycline-based chemotherapy. Discontinue VEGZELMA in patients who develop CHF.

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions observed in patients receiving bevacizumab products as a single agent or in combination with other anti-cancer therapies at a rate >10% were epistaxis, headache, hypertension, rhinitis, proteinuria, taste alteration, dry skin, hemorrhage, lacrimation disorder, back pain, and exfoliative dermatitis.

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

ADVERSE REACTIONS BY INDICATION

Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment

- **Study AVF2107g:** Grades 3-4 adverse reactions occurring at higher incidence (≥2%) in patients receiving bevacizumab with IFL (N=392) vs placebo with IFL (N=396) were leukopenia (37% vs 31%), neutropenia (21% vs 14%), diarrhea (34% vs 25%), abdominal pain (8% vs 5%), constipation (4% vs 2%), hypertension (12% vs 2%), deep vein thrombosis (9% vs 5%), intra-abdominal thrombosis (3% vs 1%), syncope (3% vs 1%), asthenia (10% vs 7%), and pain (8% vs 5%)

Continued on next page. >>

Please see full Prescribing Information by scanning the QR code.

CELLTRION USA

Indications and Important Safety Information for VEGZELMA® (bevacizumab-adcd)

Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen

- **Study E3200:** Selected Grades 3≥5 (non-hematologic) and Grades 4≥5 (hematologic) reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with FOLFOX4 (N=521) vs FOLFOX4 alone 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%)

Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment

- **Study E4599:** Grades 3-5 (non-hematologic) and Grades 4-5 (hematologic) adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with paclitaxel and carboplatin (N=422) vs chemotherapy alone 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%)

Recurrent glioblastoma in adults

- **Study EORTC 26101:** In the bevacizumab with lomustine arm (N=278), 22% of patients discontinued treatment due to adverse reactions vs 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

Metastatic renal cell carcinoma in combination with interferon alfa

- **Study BO17705:** Grades 3-5 adverse reactions occurring at a higher incidence (>2%) in patients receiving bevacizumab with interferon alfa (N=337) vs placebo with interferon alfa (N=304) 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 ruptured, gastric ulcer hemorrhage, gingival bleeding, hemoptysis, hemorrhage intracranial, large intestinal hemorrhage, respiratory tract hemorrhage, and traumatic hematoma)

Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan

- **Study GOG-0240:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with chemotherapy (N=218) vs chemotherapy alone (N=222) were abdominal pain (12% vs 10%), hypertension (11% vs 0.5%), thrombosis (8% vs 3%), 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%), 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%)

Epithelial ovarian, fallopian tube, or primary peritoneal cancer in combination with carboplatin and paclitaxel, followed by VEGZELMA as a single agent, for stage III or IV disease following initial surgical resection

- **Study GOG-0218:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in either of the bevacizumab arms (N=608, N=607) vs control arm (N=602) were fatigue (CPB15+ - 9%, CPB15 - 6%, CPP - 6%), hypertension (CPB15+ - 10%, CPB15 - 6%, CPP - 2%), thrombocytopenia (CPB15+ - 21%, CPB15 - 20%, CPP - 15%), and leukopenia (CPB15+ - 51%, CPB15 - 53%, CPP - 50%)

Epithelial ovarian, fallopian tube, or primary peritoneal cancer in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens

- **Study MO22224:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with chemotherapy (N=179) vs chemotherapy alone (N=181) were hypertension (6.7% vs 1.1%) and palmar-plantar erythrodysaesthesia syndrome (4.5% vs 1.7%)

Epithelial ovarian, fallopian tube, or primary peritoneal cancer in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by VEGZELMA as a single agent, for platinum-sensitive recurrent disease

- **Study AVF4095g:** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in patients receiving bevacizumab with chemotherapy (N=247) vs placebo with chemotherapy (N=233) were thrombocytopenia (40% vs 34%), nausea (4% vs 1.3%), fatigue (6% vs 4%), headache (4% vs 0.9%), proteinuria (10% vs 0.4%), dyspnea (4% vs 1.7%), epistaxis (5% vs 0.4%), and hypertension (17% vs 0.9%)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For more information about VEGZELMA, see full Prescribing Information.

Please see full Prescribing Information by scanning the QR code.

CELLTRION USA