Avastin® (bevacizumab) solution for intravenous infusion is now approved in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who received no more than 2 prior chemotherapy regimens.1

Avastin plus chemotherapy* significantly increased median progression-free survival (PFS) by 3.4 months vs chemotherapy alone in the ITT population of the AURELIA study (6.8 vs 3.4 months, HR=0.38 [95% CI, 0.30-0.49], P<0.0001).1

- Secondary outcome measures were overall survival (OS) and objective response rate (ORR)
  - OS: Avastin plus chemotherapy demonstrated a 3.3-month increase in median OS vs chemotherapy alone (16.6 months vs 13.3 months, HR=0.89 [95% CI, 0.69-1.141])
  - ORR: Avastin plus chemotherapy demonstrated a 28% ORR (95% CI, 21%-36%) vs 13% (95% CI, 7%-18%) with chemotherapy alone

*Chemotherapy: Paclitaxel, pegylated liposomal doxorubicin, or topotecan.
†Statistically significant improvement in investigator-assessed PFS was supported by a retrospective independent review analysis.

Select Codes for Your Reference1,9

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<td>158.9 – Malignant neoplasm; peritoneum, unspecified</td>
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These codes are provided for informational purposes only. Correct coding is the responsibility of the provider submitting the claim for the item or service.

Avastin Access Solutions® offers services to help you navigate the access and reimbursement process. Our dedicated, in-house specialists help bring patient treatment and practice solutions together.

Avastin is available through an authorized network of specialty distributors and wholesalers via the Avastin distribution model. Please visit http://www.Genentech-Access.com/Avastin for more information on the network.

Customers may access Avastin through authorized specialty pharmacies or freestanding infusion centers, depending on patient insurance. To find out which specialty pharmacies may be available based on the patient’s insurance, please contact Avastin Access Solutions at (888) 249-4918.

For more information, please contact your Field Reimbursement Manager or submit your inquiry at https://www.gene.com/contact-us

To speak live with one of our dedicated Specialists for patient access support, please call (888) 249-4918, 6 a.m.–5 p.m. PT, Monday through Friday. Or, visit Genentech-Access.com/Avastin for more information.

IMPORTANT SAFETY INFORMATION

Boxed WARNINGS

- Gastrointestinal (GI) perforation
  - Serious and sometimes fatal GI perforation occurs at a higher incidence in Avastin-treated patients compared to controls
  - The incidences of GI perforation ranged from 0.3% to 3.2% across clinical studies
  - Discontinue Avastin 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 Avastin-treated patients
  - Do not initiate Avastin for at least 28 days after surgery and until the surgical wound is fully healed. The appropriate interval between termination of Avastin and subsequent elective surgery required to reduce the risks of impaired wound healing/wound dehiscence has not been determined
  - Discontinue Avastin at least 28 days prior to elective surgery and 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 Avastin. Across indications, the incidence of grade ≥3 hemorrhagic events among patients receiving Avastin ranged from 0.4% to 6.9%
  - Do not administer Avastin to patients with serious hemorrhage or recent hemoptysis (≥1/2 tsp of red blood)
  - Discontinue Avastin in patients with serious hemorrhage (ie, requiring medical intervention)

Please see following page and accompanying Prescribing Information for additional important safety information.
IMPORTANT SAFETY INFORMATION (continued)

Additional serious adverse events

- Additional serious and sometimes fatal adverse events with increased incidence in the Avastin-treated arm vs control included
  - GI fistulae (up to 2% in metastatic colorectal cancer patients; less commonly in other cancer types)
  - Non-GI fistulae (<1% in trials across various indications; 1.8% in a cervical cancer trial)
  - Arterial thromboembolic events (grade ≥3, 2.6%)
  - Proteinuria (nephrotic syndrome, <1%)

- Additional serious adverse events with increased incidence in the Avastin-treated arm vs control included
  - GI-vaginal fistulae occurred in 8.3% of patients in a cervical cancer trial
  - Hypertension (grade 3–4, 5%–18%)
  - Posterior reversible encephalopathy syndrome (PRES) (<0.5%)

- Infusion reactions with the first dose of Avastin were uncommon (<3%), and severe reactions occurred in 0.2% of patients

- Inform females of reproductive potential of the risk of ovarian failure prior to starting treatment with Avastin

- 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

Most common adverse events

- Across indications, the most common adverse reactions observed in Avastin patients at a rate >10% and at least twice the control arm rate were
  - Epistaxis
  - Rhinitis
  - Dry skin
  - Back pain
  - Headache
  - Proteinuria
  - Rectal hemorrhage
  - Exfoliative dermatitis
  - Hypertension
  - Taste alteration
  - Lacrimation disorder

- Across all studies, Avastin was discontinued in 8.4% to 21% of patients because of adverse reactions

Pregnancy warning

- Avastin may impair fertility
- Based on animal data, Avastin may cause fetal harm
- Advise patients of the potential risk to the fetus during and following Avastin and the need to continue adequate contraception for at least 6 months following the last dose of Avastin
- For nursing mothers, discontinue nursing or Avastin, taking into account the importance of Avastin to the mother

Indication-specific adverse events

- In prOC, grade 3–4 adverse events occurring at a higher incidence (≥2%) in 179 patients receiving Avastin plus chemotherapy compared to 181 patients receiving chemotherapy alone were hypertension (6.7% vs 1.1%) and palmar-plantar erythrodysaesthesia syndrome (4.5% vs 1.7%). There were no grade 5 events occurring at a higher incidence (≥2%) in patients receiving Avastin plus chemotherapy compared to patients receiving chemotherapy alone

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch.
You may also report side effects to Genentech at (888) 835-2555.

Please see accompanying full Prescribing Information, including Boxed WARNINGS, for additional important safety information.