

AVASTIN (BEVACIZUMAB) ORDER FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Mobile Number: _____ Patient Weight: _____ kg
 Allergies: _____
 Patient has known difficult venous access. Comments: _____
 New Start Therapy | Continuation of Therapy & Date of last dose (if applicable): _____

DIAGNOSIS (Provider must specify)

- Metastatic colorectal cancer, ICD10: C18. _____
- First-line non-squamous non-small cell lung cancer, ICD10 C34. _____
- Recurrent glioblastoma, ICD10 C71. _____
- Metastatic renal cell carcinoma, ICD10 C64. _____
- Persistent, recurrent, or metastatic cervical cancer, ICD10, C53. _____
- Stage III or IV epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection, ICD10:
 - C56. _____ - Malignant neoplasm of ovary
 - C57.0 - Malignant neoplasm of fallopian tube
 - C48.2 - Malignant neoplasm of peritoneum, unspecified

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____
 Signature: _____ Date: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

- Demographics Labs and tests supporting diagnosis Office/progress notes

PRE-MEDICATION (Not typically indicated)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) 500 mg PO | <input type="checkbox"/> Famotidine 20 mg IV | <input type="checkbox"/> Methylprednisolone (Solu-Medrol) 125 mg IVP |
| <input type="checkbox"/> Benadryl 25mg PO | <input type="checkbox"/> Cetirizine (Zyrtec) 10 mg PO | |
| <input type="checkbox"/> Other: _____ Dose: _____ Route: _____ | | |

Order valid for 1 year from date of signature unless otherwise specified here: _____

FAX NUMBERS:

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> CT: 203.433.0621 | <input type="checkbox"/> MA: 413.296.8482 | <input type="checkbox"/> NC: 919.984.8698 | <input type="checkbox"/> NY: 631.250.6020 | <input type="checkbox"/> SC: 864.973.6279 |
| <input type="checkbox"/> FL: 904.877.9270 | <input type="checkbox"/> MD: 240.224.8607 | <input type="checkbox"/> NH: 603.217.5371 | <input type="checkbox"/> OH: 937.871.4594 | <input type="checkbox"/> VA: 703.202.0499 |
| | <input type="checkbox"/> ME: 207.407.7272 | <input type="checkbox"/> NJ: 201.581.4521 | <input type="checkbox"/> PA: 610.273.5998 | |

AVASTIN (BEVACIZUMAB) ORDER FORM

MEDICATION

MEDICATION	DOSE / FREQUENCY	ROUTE
Avastin	<ul style="list-style-type: none"> <input type="checkbox"/> Metastatic colorectal cancer <ul style="list-style-type: none"> <input type="checkbox"/> 5 mg/kg every 2 weeks with bolus-IFL <input type="checkbox"/> 10 mg/kg every 2 weeks with FOLFOX4 <input type="checkbox"/> 5 mg/ kg every 2 weeks or 7.5 mg/kg every 3 weeks with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy after progression on a first-line bevacizumab product- containing regimen <input type="checkbox"/> First-line non-squamous non-small cell lung cancer <ul style="list-style-type: none"> <input type="checkbox"/> 15 mg/kg every 3 weeks with carboplatin and paclitaxel <input type="checkbox"/> Recurrent glioblastoma <ul style="list-style-type: none"> <input type="checkbox"/> 10 mg/kg every 2 weeks <input type="checkbox"/> Metastatic renal cell carcinoma <ul style="list-style-type: none"> <input type="checkbox"/> 10 mg/kg every 2 weeks with interferon alfa <input type="checkbox"/> Persistent, recurrent, or metastatic cervical cancer <ul style="list-style-type: none"> <input type="checkbox"/> 15 mg/kg every 3 weeks with paclitaxel and cisplatin, or paclitaxel and topotecan <input type="checkbox"/> Stage III or IV epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection <ul style="list-style-type: none"> <input type="checkbox"/> 15 mg/kg every 3 weeks with carboplatin and paclitaxel for up to 6 cycles, followed by 15 mg/kg every 3 weeks as a single agent, for a total of up to 22 cycles 	Intravenous

LABS / SPECIAL INSTRUCTIONS

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