Avastin *bevacizumab*

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, ICD 10: C18. _____
☐ First-line non-squamous non-small cell lung cancer, ICD 10: C34. _____
☐ Recurrent glioblastoma, ICD 10: C71. _____
☐ Metastatic renal cell carcinoma, ICD 10: C64. _____
☐ Persistent, recurrent, or metastatic cervical cancer, ICD 10: C53. _____
☐ Stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection:
  ☐ C56. – Malignant neoplasm of ovary
  ☐ C57.0 – Malignant neoplasm of fallopian tube
  ☐ C48.2 – Malignant neoplasm of peritoneum, unspecified
☐ Other: _____

PROVIDER INFORMATION

Provider name (print) _____ Provider NPI _____

Signature _____ Date _____

Contact name _____ Phone _____ Fax _____

Email address _____

PREREQUISITES TO TREATMENT

Ensure the following is complete and attached with the referral

☐ Demographics ☐ Labs and tests supporting diagnosis ☐ Office/progress notes

PRE-MEDICATION

Not typically indicated

☐ Acetaminophen (Tylenol) 500 mg PO ☐ Famotidine 20 mg IV ☐ Methylprednisolone (Solu-Medrol) 125 mg IVP

☐ Diphenhydramine (Benadryl) 25 mg PO ☐ Cetirizine (Zyrtec) 10 mg PO

☐ Other _____ Dose _____ Route _____

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

Avastin *(continued)*

MEDICATION ORDER

MEDICATION	DOSE / FREQUENCY	ROUTE
Avastin	Metastatic colorectal cancer ☐ 5 mg/kg every 2 weeks with bolus-IFL ☐ 10 mg/kg every 2 weeks with FOLFOX4 ☐ 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 First-line non-squamous non-small cell lung cancer ☐ 15 mg/kg every 3 weeks with carboplatin and paclitaxel Recurrent glioblastoma ☐ 10 mg/kg every 2 weeks Metastatic renal cell carcinoma ☐ 10 mg/kg every 2 weeks with interferon alfa Persistent, recurrent, or metastatic cervical cancer ☐ 15 mg/kg every 3 weeks with paclitaxel and cisplatin, or paclitaxel and topotecan Stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection ☐ 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

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