Local Infusion

MYLOCALINFUSION.COM

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)

❑ Acetaminophen (Tylenol) 500 mg PO

❑ Benadryl 25mg PO

❑ Famotidine 20 mg IV

❑ Cetirizine (Zyrtec) 10 mg PO

❑ Methylprednisolone (Solu-Medrol) 125 mg IVP

❑ Other: _____ Dose: _____ Route: _____

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MEDICATION

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