PROVIS

Provis Patient No.

MEDICATION ORDER FORM

Bevacizumab (Avastin®)

Patient's Surname	Given Name & Initials	Date of Birth _____ / _____ / _____ dd mm yyyy

Referring MD/Oncologist

Patient's Height: _____ cm Weight: _____ kg BSA: _____ m^2	Dose Reduction? Yes ☐ No ☐ Reason: …… ……

Current Protocol

…… **Cycle**:……..
(i.e. FOLFIRI + Avastin) (Please note: each cycle consists of 2 infusions each at 14 day intervals (q28 day cycle)

Pre-Medication

☐ Benadryl 50 mg IV
☐ Tylenol 650 mg PO
☐ Decadron 4 mg IV (1st dose only)
☐ Stemetil 10 mg PO/IV prn **OR** Gravol 25 mg IV prm

Criteria

☐ Patient has not undergone major abdominal surgery in last 28 days
☐ Patient has no known brain metastases
Caution and clinical judgment are warranted in patients on anticoagulants (i.e. warfarin). Use of Avastin must be weighed against increased risk of hemorrhage.

Medication prescribed

Bevacizumab (Avastin®)_____ mg (5 mg/kg) IV infusion
Dilute in 100 cc N/S
First infusion should be administered over 90 minutes. If tolerated, the 2nd infusion may be administered over 60 minutes. If tolerated, subsequent infusions may be administered over 30 minutes.

Parameters:
Discontinue Bevacizumab if any of the following develop:GI perforation, wound dehiscence requiring medical intervention, serious bleeding, nephritic syndrome, or hypertensive crisis.
Temporary suspension of bevacizumab is recommended for: moderate to severe proteinuria pending further evaluation and severe hypertension not controlled with medical management.
Patients must be seen and monitored regularly by their attending oncologist for the above complications.

(For Provis Use Only) Tx 1 : _____ Date	Tx 2: _____ Date
Physician's Signature (Referring Oncologist)	_____ / _____ / _____ dd mm yyyy
Signature of Provis Physician	_____ / _____ / _____ dd mm yyyy

Repeat Order:
Provis requires a new medication order for each series of 2 treatments (q28 day cycle)

Fax completed form to: 416-532-3635

PROVIS

Information for Physicians
regarding
Avastin® Infusion at Provis Infusion Clinic

We would like to make the coordination of systemic therapy at the Provis Clinic and your facility as easy and seamless as possible for both you and your patient.

Most Avastin® patients are receiving chemotherapy at their oncologist's facility. FOLFIRI and FOLFOX have been the most common regimens combined with Avastin® in the setting of metastatic colorectal cancer. To best emulate the available clinical trials we are infusing Avastin® the evening before the patient commences FOLFIRI or FOLFOX treatment at your facility.

1. At present, infusions at Provis are given on Monday and Thursday evening. We are giving most
   Avastin® infusions on Monday to allow for the cytotoxic infusions to follow.

2. In the event of a statutory holiday on Monday, the infusion day at Provis will be on Tuesday and the accompanying appointment with your office would be scheduled for Wednesday. Your patient will be notified accordingly.

3. Please complete the **Medication Order Form** for Avastin® and fax to 416-532-3635.

4. It is important that the required laboratory tests are done within 3 days before treatment (i.e. on the Friday before the Monday infusion, or on Tuesday, Wednesday or Thursday morning for the Thursday evening infusion.
   - In the case of Monday a.m. laboratory tests, we suggest that this is done as a STAT at your home facility to guarantee turnaround time by 10:30 a.m. of the treatment day at Provis.
   - Patients who have low blood counts on the Friday may require repeat tests Monday to see if counts are then acceptable for treatment.

5. We request that all test results are reviewed and approved (by signature) by the referring
   physician or designate.

6. This is then FAXed to our confidential server at **416-532-3635**
   by 10:30 a.m. of the treatment day scheduled at Provis

Thank you for your cooperation.

The Provis Team