Yondelis® Patient Access Scheme (Yondelis® PAS)

Patient treatment cycle record

Hospital details

Hospital pharmacy stamp

Name of responsible person

Important notes

By signing this form the pharmacist confirms that:
1. Yondelis® has been prescribed in accordance with the SmPC and the terms and conditions of the Yondelis® PAS agreement, and
2. They are authorised to dispense Yondelis®.
3. A treatment cycle claim form has been sent to PharmaMar with the drug order.

NOTE: *Patients receiving 5 cycles of NHS financed Yondelis® if treated in accordance with the SmPC and the PAS agreement are eligible for free of charge drug from Cycle 6 onwards. For details about free of charge Yondelis® please refer to the "PAS How to Guide"*

Patient treatment details

Patient initials		Date of birth (dd/mm)	
Patient hospital number		Yondelis® treatment starting date	
Diagnosis			

Cycle	Date of treatment	Dose (mg)	Name of Treating Consultant	Date claim form sent to Pharma Mar	Pharmacist's Name	Pharmacist's Signature
1						
2						
3						
4						
5						
Free of charge cycles start at Cycle 6.– see NOTE above.						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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19						
20						

Comment [P1]: The use of this form is voluntary, but would provide a useful record for pharmacies to check they are receiving free of charge Yondelis for eligible patients.

Comment [P2]: This form is for pharmacy use. The patient information herein will not be shared with PharmaMar – preserving patient confidentiality.

User testing will identify if these fields or others are required.

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