

PHARMACY DEPARTMENT CLAIM FORM – AVASTIN® (bevacizumab) Patient Access Scheme (APAS) in patients with mCRC

For patients requiring first line treatment of metastatic colorectal cancer (mCRC)

Pharmacist name Position

Hospital Date.....

Contact number..... e-mail

PCO name (if applicable):.....

Patient identifier Patient weight

(date of registration dd/mm/yy followed by letter (A-G))

bevacizumab treatment start date __ / __ / __ bevacizumab treatment cycle number(s)

Dates of claim period __ / __ / __ to __ / __ / __

oxaliplatin dose bevacizumab dose

oxaliplatin usage		bevacizumab usage	
Presentation	Number	Presentation	Number
50mg/10ml Vial		100mg/4ml Vial	
100mg/20ml Vial		400mg/16ml Vial	

Signed Date

In order to qualify for a rebate ALL bevacizumab for the purpose of APAS must be purchased directly from Roche.

Please complete ALL the following information:

Please confirm the patient is undergoing first-line* treatment for mCRC **YES / NO**

- oxaliplatin is being used in conjunction with bevacizumab **YES / NO**

- Vials used only for single patient **YES / NO**

- Vials not used within an bevacizumab clinical trial **YES / NO**

* First line treatment, defined as initial treatment with fluoropyrimidine (5-FU or capecitabine) with or without oxaliplatin and with Avastin

I confirm that I am the treating consultant and the information within this claim is correct

Name Position

Signed Date.....

Should you need any further information regarding the APAS, please call our APAS Coordinator on 0800 032 8769

By Fax please send to
 01707 384 512