聖雅各福群會

惠澤社區藥房

標靶藥物資助計劃

為協助有需要的病人，聖雅各福群會惠澤社區藥房推出「Avastin Roche® (安維汀®) 標靶藥物資助計劃」，資助有需要的患者購買藥物，幫助他們於經濟困難中仍能得到最適切之藥物治療。

申請者必須符合以下條件：

醫療狀況：

- 適用於患有大腸癌 、 子宮頸癌、卵巢癌、神經膠母細胞瘤、肺癌、或乳癌的病人
- 並以Avastin Roche® (安維汀®)作藥物治療

財政狀況：

- 申請人與整體家庭的每年可動用財務資產不多於80萬*

*註：視乎醫療狀況

服務對象：

- 為有效香港身分證持有人
- 醫院管理局病人
- 持有醫院管理局發出的自費藥物處方
- 申請者如已受惠於其他有關Avastin Roche® (安維汀®)經濟援助，則不能同時申請本藥物資助計劃。

如需要更多有關資助計劃的詳情，請致電聖雅各福群會惠澤社區藥房查詢

香港灣仔石水渠街85號聖雅各福群會一樓105室(灣仔港鐵站A3出口)
九龍太子荔枝角道143號聖雅各福群會九龍慈惠中心(太子港鐵站C2出口)
九龍觀塘成業街10號電訊一代廣場12樓C1舖(觀塘港鐵站B1出口)

藥房查詢熱線：2116 4958
(必須致電登記)
傳真：3104 3684

聖雅各福群會

惠澤社區藥房

AVASTIN (安維汀®) 標靶藥物資助計劃

Roche bevacizumab

標靶藥物資助計劃必須致電登記：

- 申請人需符合以下醫療狀況及財務資產資格：

大腸癌、卵巢癌、子宮頸癌、神經膠母細胞瘤、肺癌 或 乳癌

財務資產不多於80萬

- 可申請之資助金額請向聖雅各福群會惠澤社區藥房查詢
- 獲資助之金額需視乎醫療狀況，財務資產及單據上所顯示的購買藥物數量等資料
- 購買藥物的發票和收據正本必須於發出日期2個月內遞交以作申請資助之用，逾期作廢
- 如成功申請人士在計劃資助期間停止使用 Avastin Roche® (安維汀®)，資助計劃將立即中止
- 如有任何爭議，聖雅各福群會將保留最終決定權

如需要更多有關資助計劃的詳情，請致電聖雅各福群會惠澤社區藥房查詢

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藥房查詢熱線：2116 4958 (必須致電登記)　　**傳真：3104 3684**

申請資助計劃所需文件 (只需遞交副本)

此資助計劃以整體家庭財政狀況計算為原則，申請人需同時遞交個人及同住家庭成員的入息、資產等證明文件。

- **香港居民身分證**

  申請人及家庭成員的關係證明文件(各人的身分證、結婚證書、出生證書，或親屬關係證明文件等)

- **資產證明文件，包括**
  - 家庭入息證明
  - 在職人士：過去12個月的薪金證明文件/銀行存摺上所有顯示的薪金總額或僱員合約等
  - 自僱人士：最近一次報稅紀錄/入息申報
  - 失業人士：失業證明文件(如離職證明)
  - 家庭資產證明文件
  - 申請人與同住家人過去12個月的戶口紀錄
    (包括定期戶口、儲蓄戶口、外幣戶口、投資戶口與股票戶口等)
  - 按揭還款證明(自住物業資產除外)

申請人姓名：

_____

醫療狀況：

以Avastin Roche® (安維汀®) 作藥物治療

- ☐ 大腸癌病人
- ☐ 子宮頸癌病人
- ☐ 卵巢癌病人，藥物劑量：15mg/kg
- ☐ 神經膠母細胞瘤病人
- ☐ 肺癌病人
- ☐ 乳癌病人

主診醫院：

- ☐ 瑪嘉烈醫院
- ☐ 威爾斯親王醫院
- ☐ 東區尤德夫人那打素醫院
- ☐ 伊利沙伯醫院
- ☐ 瑪麗醫院
- ☐ 屯門醫院
- ☐ 基督教聯合醫院

Abbreviated Prescribing Information
Avastin Roche Injection 100 mg/4 ml (bevacizumab)

Abbreviated Prescribing Information – Avastin Roche Injection 100mg/4 ml (bevacizumab)

Indications: *Metastatic colorectal cancer (mCRC)* - in combination with fluoropyrimidine-based chemotherapy. *Metastatic breast cancer (mBC)* - in combination with paclitaxel for 1st line mBC. *Non-small cell lung cancer (NSCLC)* - in addition to platinum-based chemotherapy for 1st line treatment of unresectable, advanced, metastatic or recurrent NSCLC other than predominantly squamous cell histology; in combination with erlotinib, is indicated for first-line treatment of adult patients with unresectable advanced, metastatic or recurrent non-squamous non-small cell lung cancer with Epidermal Growth Factor Receptor (EGFR) activating mutations. *Advanced and/or metastatic renal cell carcinoma (mRCC)* - in combination with interferon alfa-2a. *Glioblastoma* - for the treatment of glioblastoma with progressive disease following prior therapy as a single agent. *Epithelial ovarian, fallopian tube or primary peritoneal cancer* - in combination with carboplatin and paclitaxel for front-line treatment of advanced (FIGO stage III B, III C & IV) cancer; in combination with carboplatin and gemcitabine for 1st recurrence of platinum-sensitive cancer who have not received prior bevacizumab therapy / other VEGF inhibitors / receptor-targeted agents; in combination with paclitaxel, topotecan, or pegylated liposomal doxorubicin is indicated for the treatment of adult patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who received no more than two prior chemotherapy regimens and who have not received prior therapy with bevacizumab or other VEGF inhibitors or VEGF receptor-targeted agents. *Cervical Cancer* - in combination with paclitaxel and cisplatin or, alternatively, paclitaxel and topotecan in patients who cannot receive platinum therapy, is indicated for the treatment of adult patients with persistent, recurrent, or metastatic carcinoma of the cervix.

Dosage & Administration: Physicians experienced in antineoplastic medicines should supervise Avastin Roche administration. Continue treatment until progression of underlying disease or unacceptable toxicity (except for Glioblastoma). *mCRC* - 5mg/kg or 10mg/kg every 2 weeks; or 7.5mg/kg or 15mg/kg Q3wks. *mBC* - 10mg/kg Q2wks; or 15mg/kg Q3wks. *NSCLC (First-line treatment of non-squamous NSCLC in combination with platinum-based chemotherapy)* - 7.5mg/kg or 15mg/kg Q3wks in addition to platinum-based chemotherapy for up to 6 cycles, then as monotherapy. *mRCC/Glioblastoma* - 10mg/kg once Q2wks; *NSCLC (First-line treatment of non-squamous NSCLC with EGFR activating mutations in combination with erlotinib)* - 15 mg/kg of body weight given once every 3 weeks as an intravenous infusion in addition to erlotinib. *Epithelial ovarian/Fallopian tube/Primary peritoneal cancer – front-line:* 15mg/kg once Q3wks in addition to carboplatin and paclitaxel for up to 6 cycles, then as monotherapy; *platinum-sensitive recurrent disease: 15mg/kg once Q3wks in combination with carboplatin and gemcitabine for 6 cycles and up to 10 cycles, then as monotherapy; platinum-resistant recurrent disease: 10mg/kg once every 2 weeks in combination with paclitaxel or pegylated liposomal doxorubicin or 15mg/kg with topotecan (given on days 1-5, every 3 weeks) once every 3 weeks. Cervical cancer – 15mg/kg once every 3 weeks in combination with one of the following regime: paclitaxel and cisplatin or paclitaxel and topotecan.* Method of administration: initial dose: IV infusion over 90 mins; if well tolerated, second dose: IV infusion over 60 mins; if well tolerated, subsequent doses: IV infusion over 30 mins. Do not administer as IV push or bolus or mix with glucose. Dose reduction for adverse events not recommended. If indicated, discontinue or temporarily suspend therapy. No recommendations for use in children or adolescents (<18 years old). No dose adjustment in the elderly.

Contraindications: Hypersensitivity to bevacizumab or any of the excipients, Chinese hamster ovary cell products and other recombinant human or humanised antibodies. Pregnancy.

Warnings & Precautions: Trade name of administered product should be clearly recorded to improve traceability. *Gastrointestinal (GI) perforation:* increased risk for development of GI and gall bladder perforation; intra-abdominal inflammatory process may be a risk factor in patients with metastatic carcinoma of the colon or rectum; discontinue therapy permanently in patients who develop GI perforation. *Fistulae:* permanently discontinue in tracheoesophageal or any Grade 4 fistula, consider discontinuation in non-GI fistula. Patients treated for persistent, recurrent, or metastatic cervical cancer are at increased risk of fistulae between the vagina and any part of the GI tract. *Wound healing:* do not initiate for at least 28 days following major surgery or until surgical wound is fully healed; withhold for elective surgery. *Necrotizing Fasciitis:* cases including fatality have been reported, discontinue therapy and initiate appropriate treatment. Hypertension: control pre-existing hypertension prior to treatment. Monitor blood pressure during therapy and control hypertension with standard antihypertensive therapy; the use of diuretics is not advised in patients on cisplatin-based chemotherapy. Permanently discontinue if hypertension remains uncontrolled or for hypertensive crisis/encephalopathy. *Posterior Reversible Encephalopathy Syndrome (PRES):* signs include: seizures, headache, altered mental status, visual disturbance or cortical blindness with/without associated hypertension. Confirm by brain imaging, treat symptoms and discontinue Avastin Roche once developed. *Proteinuria:* Patients with a history of hypertension may be at increased risk; monitoring of proteinuria by dipstick urinalysis is recommended prior to and during therapy. Permanently discontinue therapy if Grade 4 proteinuria develops. *Arterial thromboembolism:* including cerebrovascular accidents, transient ischaemic attacks and myocardial infarctions, especially if with prior history, diabetes or in elderly. Permanently discontinue therapy if arterial thromboembolic events develop. *Venous thromboembolism:* including pulmonary embolism; discontinue in Grade 4 pulmonary embolism and closely monitor where ≤Grade 3. Patients treated for persistent, recurrent, or metastatic cervical cancer in combination with paclitaxel and cisplatin may be at increased risk of venous thromboembolic events. *Haemorrhage*, especially tumour-associated haemorrhage: discontinue permanently if Grade 3/4. Risk of CNS haemorrhage in patients with untreated CNS metastases has not been prospectively evaluated. Monitor for signs and symptoms of CNS bleeding and discontinue Avastin Roche in cases of intracranial bleeding. Caution in patients with congenital bleeding diathesis, acquired coagulopathy or during anticoagulant therapy. Serious/fatal *pulmonary haemorrhage/haemoptysis* in NSCLC: do not use where recent significant pulmonary haemorrhage/haemoptysis (>1/2 teaspoon of red blood). *Congestive Heart Failure (CHF):* caution in patients with clinically significant cardiovascular disease or pre-existing CHF; most of the patients who experienced CHF had metastatic breast cancer and had received previous treatment with anthracyclines, prior radiotherapy to the left chest wall or other risk factors for CHF. *Neutropenia and infections:* fatal infection with or without severe neutropenia in combination with myelotoxic chemotherapy, mainly seen in platinum- or taxane-based therapies for NSCLC and mBC. *Hypersensitivity:* Close observation during and following drug administration. Infusion should be discontinued and appropriate medical therapies should be administered if a reaction occurs. *Osteonecrosis of the jaw (ONJ):* concomitant treatment with i.v. bisphosphonates and invasive dental procedures are identified risk factors to ONJ; patients who have previously received or are receiving i.v. bisphosphonates should avoid invasive dental procedures. *Intavitreal use:* Avastin Roche is not formulated for intravitreal use. Eye disorders: including endophthalmitis, intraocular inflammation, retinal detachment, retinal pigment epithelial tear, intraocular pressure increased and intraocular haemorrhage have been reported following unapproved intravitreal use of Avastin Roche compounded from vials approved for cancer patients, some reactions results in visual loss. *Systemic effect following intravitreal use:* reduction of VEGF conc. has been demonstrated, non-ocular haemorrhages and ATE has been reported. *Ovarian Failure / Fertility:* Fertility preservation strategies should be discussed with women of child-bearing potential prior to treatment.

Drug Interactions: No clinically relevant pharmacokinetic interaction between co-administered chemotherapy and Avastin Roche. Safety and efficacy with concomitant radiotherapy has not been established. Microangiopathic haemolytic anaemia has been reported when Avastin Roche was used with sunitinib malate; hypertension, elevated creatinine and neurological symptoms were also observed. Increased rates of severe neutropenia, febrile neutropenia, or infection with or without severe neutropenia have been observed in patients on platinum- or taxane-based therapies in the treatment of NSCLC and mBC. No interaction studies have been performed between EGFR monoclonal antibody and bevacizumab chemotherapy regimens, decreased PFS/OS and increased toxicity was observed in phase III studies. **Use in Pregnancy & Lactation:** Avastin Roche should not be used during pregnancy because no adequate & well-controlled data. Inhibition of foetal angiogenesis is anticipated. Avastin Roche may have temporary adverse effect on female fertility and cause ovarian failure. Women with childbearing potential must use effective contraception during and for up to 6 months after treatment. Discontinue breast-feeding during treatment and for at least 6 months after last dose.

Undesirable Effects: For full listings please refer to the Avastin Roche package insert. *Most serious reactions:* GI perforation; haemorrhage including pulmonary haemorrhage/haemoptysis and arterial thromboembolism. *Serious reactions, very common:* Febrile neutropenia, leucopenia, thrombocytopenia, neutropenia, peripheral sensory neuropathy, hypertension, diarrhoea, nausea, vomiting, asthenia and fatigue. *Serious reactions, common:* Sepsis, abscess, infection, anaemia, dehydration, cerebrovascular accident, syncope, somnolence, headache, congestive cardiac failure, supraventricular tachycardia, arterial thromboembolism, deep vein thrombosis, haemorrhage, pulmonary embolism, dyspnoea, hypoxia, epistaxis, intestinal perforation and obstruction, ileus, abdominal pain, GI disorder, stomatitis, palmar-plantar erythrodysaesthesia syndrome, muscular weakness, myalgia, arthralgia, proteinuria, urinary tract infection pain, lethargy and mucosal inflammation. *All grades, very common:* Anorexia, dysgeusia, headache, dysarthria, eye disorder, lacrimation increased, hypertension, dyspnoea, epistaxis, rhinitis. constipation, stomatitis, rectal haemorrhage, diarrhoea, ovarian failure, exfoliative dermatitis, dry skin, skin discolouration, arthralgia, proteinuria, pyrexia, asthenia, pain and mucosal inflammation. *Other reactions:* Hypertensive encephalopathy. PRES (rare). Renal thrombotic Microangiopathy manifested as proteinuria. Nasal septum perforation. Pulmonary hypertension. Dysphonia. GI ulcer. Gall bladder perforation. Hypersensitivity. Necrotizing fasciitis. ONJ, Non-mandibular osteonecrosis. Laboratory abnormalities and Post Marketing – refer to package insert.

Date of preparation: August 2016

Full prescribing information should be viewed prior to prescribing

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Roche

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24/F Lee Garden Two, 2-28 Yun Ping Road,
Causeway Bay, Hong Kong

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