

## Vedolizumab (Entyvio) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code):  Ulcerative Colitis  Crohn's Disease  Other: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PRE-MEDICATION

- Acetaminophen 1000mg PO  Solu-Medrol 125mg IVP  
 Diphenhydramine 25mg PO  Solu-Cortef 100mg IVP  
 Ceterizine 10mg PO  Diphenhydramine 25mg IVP

### REQUIRED LABS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)
- TB status and date (please attach results): \_\_\_\_\_

*\*Consider screening for tuberculosis (TB) according to local practice*

### ENTYVIO ORDERS

#### DOSING:

- Vedolizumab (Entyvio) 300mg in 250ml 0.9% sodium chloride intravenous infusion administered over 30 minutes

#### FREQUENCY:

- Dose at weeks 0, 2, and 6, then every 8 weeks
- Maintenance dose every \_\_\_\_\_ weeks
- Other: \_\_\_\_\_

#### REFILLS:

- \_\_\_\_\_  
*(if not indicated prescription will expire one year from date signed)*

#### Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date