

# Vedolizumab (Entyvio)

Provider Order Form rev. 10/12/2022



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## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## NURSING

Provide nursing care per 360 Infusion Nursing Procedures, including reaction management and post-procedure observation

TB status & date (list results here & attach clinicals)

\_\_\_\_\_

## LABORATORY ORDERS

CBC  at each dose  every \_\_\_\_\_

CMP  at each dose  every \_\_\_\_\_

CRP  at each dose  every \_\_\_\_\_

Other: \_\_\_\_\_

## PRE-MEDICATION ORDERS

acetaminophen (Tylenol)  500mg /  650mg /  1000mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV

methylprednisolone (Solu-Medrol)  40mg /  125mg IV

hydrocortisone (Solu-Cortef)  100mg IV

Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

## THERAPY ADMINISTRATION

**Vedolizumab** (Entyvio) in 250ml 0.9% sodium chloride or lactated ringer's, intravenous infusion

▪ Dose:  300mg

▪ Frequency:  induction: week 0, 2, 6, and then every 8 wks

▪  maintenance: every 8 weeks /  other: \_\_\_\_\_

▪ Infuse over 30 minutes

Flush with 0.9% sodium chloride at infusion completion

Patient is required to stay for 30-minute observation

Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

\_\_\_\_\_

\*Exercise caution when considering the use of Entyvio in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.

\_\_\_\_\_  
Provider Name (Print)

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

\_\_\_\_\_  
Date