

## ENTYVIO (VEDOLIZUMAB) INFUSION ORDERS

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis
- Required Labs:** TB Test & Baseline Liver Enzymes

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

J Code: J3380

**Diagnosis:**

- Crohn's Disease \_\_\_\_\_
- Ulcerative Colitis \_\_\_\_\_

**ENTYVIO ORDERS**

**Entyvio Dose:**  300mg IV to be infused over 30 minutes **Refills** \_\_\_\_\_

**Frequency:**  Week 0 , 2, 6, and then Every 8 weeks or  Every \_\_\_\_\_ weeks

Required labs to be drawn by:  Infusion Clinic  Referring Physician

**Lab Order:** \_\_\_\_\_

**Pre-Medication Orders:** Tylenol 650mg PO, please choose one antihistamine:

- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Loratadine 10mg PO
- Other \_\_\_\_\_

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	