NobleInfusion

Fax: (386) 957 - 9400 I Online: www.nobleinfusion.com

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

☐ Acetaminophen1000mg 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)

Noble Infusion Standing Orders:

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

_____

Provider Name

_____ _____

Provider Signature Date