

# Vedolizumab® (Entyvio) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.  
**Fax completed form, insurance information and clinical documentation to 414-260-7368.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Height: \_\_\_\_\_  inches  cm Weight: \_\_\_\_\_  lbs  kg

## Clinical Information

Primary Diagnosis Description: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

Is this the first dose?  Yes - Date of first dose \_\_\_\_\_  No - Date of next dose \_\_\_\_\_

## Vedolizumab (Entyvio®) Prescription

**Vedolizumab (Entyvio®) refill as directed x 1 year**

- IV Regimen:**
- Initial Dose; Infuse 300 mg IV over at least 30 minutes on Weeks 0, 2, and 6.
  - Maintenance Dose; Infuse 300mg IV over at least 30 minutes every 8 weeks.
  - Other: \_\_\_\_\_

- SubQ Regimen:**
- Initial dose Weeks 0 and 2; Infuse 300 mg IV over at least 30 minutes.
  - Initial dose Week 6; Infuse 300mg IV over at least 30 minutes.
  - Maintenance dose; Inject Prefilled Pen of 108 mg SubQ every 2 weeks.
  - Other: \_\_\_\_\_

For IV doses, quantity sufficient of Entyvio® 300mg vials will be dispensed to the patient to complete the prescribed treatment plan. In addition, after each infusion the IV tubing will be flushed with NS 30ml using a 50ml bag.

For SubQ doses, quantity sufficient of Entyvio® 108mg Prefilled Pens will be dispensed to fulfill prescribed treatment plan.

## Ancillary Orders

### Anaphylaxis Orders

- Treat per Froedtert Home and Specialty Infusion protocol.

### Medication Orders

- Acetaminophen 650 mg PO 30 min before infusion, may repeat every 3 to 4 hours as needed for fever or mild discomfort. Patient may decline.
- Diphenhydramine 25 mg PO 30 min before infusion, may repeat every 4 to 6 hours as needed for mild to moderate allergic reactions. Patient may decline.
- Methylprednisolone Succinate 40 mg IV push 20 minutes prior to infusion.
- Other: \_\_\_\_\_
- Lab and frequency: \_\_\_\_\_

**IV Access and Flush Orders:** RN to access and monitor venous infusion line as indicated below:

- Peripheral: Flush with 0.9% NS - 10 ml pre/post-use.
- Implanted Port or PICC: Flush with 0.9% NS - 10 ml pre/20 ml post-use and 10 ml pre/20 ml post-lab draw.

### Lab Orders

- No labs ordered at this time.
- Other: \_\_\_\_\_

*Skilled nurse to administer doses intravenously in the home or alternate care setting. Refill above ancillary orders as directed x 1 year.*

**I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.**

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ NPI \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Office Contact \_\_\_\_\_



Original - Medical Records

**Froedtert Home and Specialty Infusion**  
N86 W12999 Nightingale Way  
Menomonee Falls, WI 53051  
**262-532-5040**