MEDICATION ORDERS

ENTYVIO (VEDOLIZUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
❑ New Referral ❑ Dose or Frequency Change ❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)
Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE	
❑ Moderate to Severe Ulcerative Colitis	ICD 10 Code: K51.90
❑ Moderate to Severe Crohn's Disease	ICD 10 Code: K50.90
❑ Other:_____	ICD 10 Code: _____

REQUIRED DOCUMENTATION/TESTING	
❑ This signed order form by the provider	❑ Baseline liver function tests
❑ Patient demographics AND insurance information	❑ Clinical/Progress notes
❑ TB Test Results	❑ Labs and Tests supporting primary diagnosis
	❑ Vedolizumab level and antibody test results (if changing dose or frequency)
List Tried & Failed Therapies, including duration of treatment: 1) 2)	

MEDICATION ORDERS	
Initial Dosing:	❑ Entyvio 300mg IV week 0, 2, 6 then every 8 weeks
Maintenance Dosing	❑ Entyvio 300mg IV every 8 weeks
Alternative Dosing	❑ Entyvio 300mg IV every _____ weeks

Refills: ❑ x 6 months ❑ x 1 year ❑ _____ doses

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PREMEDICATIONS
✓ Acetaminophen 1000mg PO prior to Entyvio infusion
✓ Diphenhydramine 25mg IV prior to Entyvio infusion
❑ Other: _____

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207

All information contained in this form is strictly confidential and will become part of the patient's medical record.