VEDOLIZUMAB

(Entyvio)

Outpatient Infusion

Order Form

Patient Name	
DOB	
Address	
Phone	

Order Status	☐ New Order ☐ Renewal ☐ Dose or Frequency Change	
Allergies:		**Weight:** **Height:**
Diagnosis	☐ Crohn's Disease ☐ Ulcerative Colitis Other:	**Diagnosis Code:**
Required Information	Negative Quantiferon TB, T-spot or chest x-ray (no active disease)	Date:
	Diagnostic Hepatitis B panel	Date:
	Coccidioides Screen/Panel	Date:
	CBC and CMP	Date:

Required Documentation

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Labs	☐ Hepatic Function panel every 3 months	☐ Other:

Pre-Medications

☐ Diphenhydramine ○ PO ○ IV ○ 25 mg ○ 50 mg ☐ Acetaminophen ○ 325 mg ○ 650 mg

☐ Other:

Entyvio (vedolizumab) IV Medication Order

☐ Entyvio (vedolizumab) IV 300 mg

- ☐ Induction: Week 0, 2, 6, then every _____ weeks thereafter
- ☐ Maintenance: Every _____ weeks

☐ Other:

Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

HONORHEALTH®

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- ☐ Glendale Infusion Clinic
  6220 W Bell Road, Glendale AZ 85308

- ☐ Osborn NSI Infusion Clinic
  7242 E Osborn Road Ste 340, Scottsdale AZ 85251

- ☐ Pima Infusion Clinic
  8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
  - Central Scheduling Phone: (623) 434-6138
  - Central Scheduling Fax: (602) 331-5765