



### Trinity Health Muskegon & Shelby Infusion Clinics

Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444

Shelby: 72 S. State St. Shelby, MI 49455

Fax (shared): 231-672-3970

### Vedolizumab (Entyvio®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: \_\_\_/\_\_\_/\_\_\_

Site of Service: TH Muskegon TH Shelby

Referral Status: New Referral Dose or Frequency Change Renewal

<b>Patient Name:</b> _____ <b>Date of Birth:</b> ___/___/___ <b>Weight:</b> ___kg <b>Height:</b> ___cm <b>Allergies:</b> _____	<b>Primary Insurance:</b> _____ <b>Member ID:</b> _____ <b>Secondary Insurance:</b> _____ <b>Member ID:</b> _____
<p style="text-align: center;"><b>Diagnosis</b></p> <b>Diagnosis Code (ICD-10):</b> _____ <b>Indication:</b> _____ <b>Target start date:</b> _____	<p style="text-align: center;"><b>Lab Orders</b></p> <input type="checkbox"/> <b>Prior to first treatment:</b> hepatic function panel, CBC w/ diff <input type="checkbox"/> <b>Prior to second treatment:</b> CBC w/diff <input type="checkbox"/> <b>Every 8 weeks:</b> hepatic function panel, CBC w/ diff
<b>Pre-Medications:</b> No routine pre-medications required. Other: _____	
<b>Hold and notify provider:</b> if patient presents with signs or symptoms of active infection, progressive multifocal leukoencephalopathy (PML), hypersensitivity or infusion reaction, bilirubin >1x ULN, or AST/ALT >3x ULN	
<p><b>Rx Vedolizumab (Entyvio®) 300 mg/250 mL intravenous solution</b></p> <p style="text-align: center;"><input type="checkbox"/> Induction: weeks 0, 2, and 6</p> <p style="text-align: center;"><input type="checkbox"/> Maintenance: every _____ weeks</p>	
<b>Nursing Orders:</b> Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary: sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN; meperidine injection 25 mg PRN; oxygen therapy PRN	
<b>Provider Name:</b> _____ <b>Office Phone Number:</b> _____ <b>Attending Physician Name:</b> _____ <small>(If ordering provider is an advanced practice practitioner, attending physician required)</small> <small>Note: This order is valid for 12 months from date of physician signature.</small>	<b>Provider Signature:</b> _____ <b>Office Fax Number:</b> _____