



Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ ID# \_\_\_\_\_

Weight \_\_\_\_\_ Date \_\_\_\_\_

## Vedolizumab (ENTYVIO)

Diagnosis: (ICD-10 code) \_\_\_\_\_ - Description \_\_\_\_\_

### For Provider

- Infusion not recommended in patients that have current severe infections
- No live vaccines within 3 months of the treatment course start
- All immunizations must be current
- Watch for new or worsening of neurological problems
- Check that baseline PPD or quantiFERON-TB assay are negative for latent TB
- Check for signs and symptoms of liver damage (anorexia, jaundice, fatigue, right upper abdominal pain)

### Outpatient Medications

### Infusion Medication

#### Vedolizumab (ENTYVIO) in 0.9% Sodium Chloride 250 mL IV Infusion

**Dose:** 300 mg IV over 30 minutes every 2 months

**Induction Schedule:** Infuse Vedolizumab at 1, 2, 6 weeks, then every 2 months. Discontinue therapy if no evidence of therapeutic benefit by week 14

### Pre-Meds

- Hydrocortisone Sodium succinate (SOLU-CORTEF) injectable  
Dose: 50 mg through IV, Once PRN, 30 minutes prior to Vedolizumab infusion; can be taken with Acetaminophen and Antihistamine if patient still shows symptoms with Acetaminophen and Antihistamine alone
- Acetaminophen (TYLENOL) tablet  
Dose: 650 mg PO, Once, 30 minutes before Vedolizumab Infusion; Can be taken during infusion only Once if patient complains of headache, achiness, or if feverish
- Cetrizine (ZYRTEC) tablet  
Dose: 10 mg, PO, Once, at least 30 minutes before Vedolizumab infusion begins

Other: \_\_\_\_\_

### Labs

**Additional Orders**

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_