Physician’s Orders

VEDOLIZUMAB (ENTYVIO) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 of 2

Defaults for orders not otherwise specified below:

- Interval: **INDUCTION** – Every 14 days x 2 treatments
- Interval: **MAINTENANCE** – Every 56 days (starting at week 6)

Duration:

- Until date: __________
- 1 year
- _____# of Treatments

Anticipated Infusion Date __________ ICD 10 Code with Description _______________________________________

Height __________ (cm) Weight __________ (kg) Allergies __________________________________________

Site of Service

- [ ] SH Gerber
- [ ] SH Helen DeVos (GR)
- [ ] SH Lemmen Holton (GR)
- [ ] SH Ludington
- [ ] SH Pennock
- [ ] SH Reed City
- [ ] SH United Memorial
- [ ] SH Zeeland

Provider Specialty

- [ ] Allergy/Immunology
- [ ] Cardiology
- [ ] Gastroenterology
- [ ] Genetics
- [ ] Infectious Disease
- [ ] Internal Med/Family Practice
- [ ] Neurology
- [ ] Nephrology
- [ ] Ob/Gyn
- [ ] Other
- [ ] Otolaryngology
- [ ] Pulmonary
- [ ] Rheumatology
- [ ] Surgery
- [ ] Urology
- [ ] Wound Care

Appointment Requests

- [X] Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs. Verify that all INDUCTION/LOADING DOSES have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES.

Provider Ordering Guidelines

- [X] ONC PROVIDER REMINDER 12

VEDOLIZUMAB (ENTYVIO):

Assess therapeutic benefit; if none noted after treatment course reconsider use. Monitor for signs of infection especially respiratory and nasal ones, neurologic changes, and elevated LFTs. Be alert for infusion-related reactions or hypersensitivity. All immunizations should be up to date prior to initiation of treatment.

Crohn disease or ulcerative colitis: IV: 300 mg at 0, 2, and 6 weeks and then every 8 weeks thereafter. Discontinue therapy in patients who show no evidence of therapeutic benefit by week 14.

**CAUTION - ENSURE APPROPRIATE TIMING OF THERAPY. Usual Induction therapy is administered weeks 0, 2, and 6. The Spectrum Health Therapy Plan for INDUCTION contains weeks 0 and 2. The MAINTENANCE therapy plan starts WEEK 6 and continues every 8 weeks. **ENSURE APPROPRIATE TIMING BETWEEN INDUCTION AND MAINTENANCE PLANS!!**

Safety Parameters and Special Instructions

- [X] ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6

Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

CONTINUED ON PAGE 2 ➔
Nursing Orders

☑ ONC NURSING COMMUNICATION 105
VEDOLIZUMAB (ENTYVIO):

Monitor for signs of infection especially respiratory and nasal ones, neurologic changes, and elevated LFTs. Be alert for infusion-related reactions or hypersensitivity. All immunizations should be up to date prior to initiation of treatment.

MEDICATION INFORMATION SHEET: FDA-approved patient medication guide, which is available with the product information and as follows, must be dispensed with this medication.

☑ ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

Vitals

☑ Vital Signs
Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

Labs

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<th>Interval</th>
<th>Duration</th>
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<tr>
<td>☑ Other Labs:</td>
<td>Every ___days</td>
<td>Until date: ______</td>
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<tr>
<td></td>
<td>Once</td>
<td>1 year</td>
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<td></td>
<td>_____ # of Treatments</td>
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Medication

☑ vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9 % 250 mL IVPB
300 mg, Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
Do not administer IV push or bolus. Following infusion, flush with 30 mL of sodium chloride 0.9%. Observe patients during infusion (until complete) and monitor for hypersensitivity reactions; discontinue if a reaction occurs.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials ___________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALICATED:</th>
<th>ORDERED:</th>
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<tbody>
<tr>
<td>TIME</td>
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EPIC VERSION DATE: 03/19/20

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