Defaults for orders not otherwise specified below:

- Induction Interval: Every 14 days for 2 doses
- Maintenance Interval: 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 ____________________________________________________

Provider Specialty

- Allergy/Immunology
- Infectious Disease
- OB/GYN
- Rheumatology
- Cardiology
- Internal Med/Family Practice
- Other
- Surgery
- Gastroenterology
- Nephrology
- Otolaryngology
- Urology
- Genetics
- Neurology
- Pulmonary
- Wound Care

Site of Service

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

Appointment Requests

- 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

- 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

- 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

☑ Bilirubin Total

☑ Alanine Aminotransferase (ALT), Blood Level

☑ Aspartate Aminotransferase (AST) Level
☐ Bilirubin Total

☐ Other labs:
☐ Every ___ days
☐ Until date ______
☐ 1 year
☐ ___ # of treatments

Medication

☑ vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9 % 255 mL IVPB
300 mg, Intravenous, for 30 Minutes, Once, Starting S, For 1 Doses
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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EPIC VERSION DATE: 03/19/20