



PHYSICIAN ORDER SET :

**VEDOLIZUMAB LOAD (schedule weeks 0, 2, 6) and Maintenance**

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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_ Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

**\*\*Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained\*\***

**Please confirm indication for use to Vedolizumab:**

Active Crohn's Disease; Moderate to severe

Active Ulcerative Colitis; Moderate to serve

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

Has the patient demonstrated inadequate response, loss of response, and/or inability to tolerate  $\geq 2$  of the following agents: steroids, 5-ASA, 6-MP, Azathioprine, Methotrexate, Adalimumab? (Circle one) Yes No

**Criteria to Treat**

|   | Interval    | Defer Until | Duration    |
|---|-------------|-------------|-------------|
| <input type="checkbox"/> <b>Criteria to Treat</b>   | Every visit |             | Every visit |
| Verify that the patient has a negative TB status or adequate TB treatment. If this criteria is not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider. |             |             |             |

**Pre-Medications**

|  | Interval    | Defer Until | Duration    |
|--|-------------|-------------|-------------|
| <input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 650 mg</b>  | Every visit |             | Every visit |
| 650 mg, Oral, Once, Starting at treatment start time, For 1 dose<br>Administer at least 30 mins prior to principal medication                            |             |             |             |
| <input type="checkbox"/> <b>diphenhydramine (BENADRYL) tablet 25 mg</b>  | Every visit |             | Every visit |
| 25 mg, Oral, Once, Starting at treatment start time, For 1 dose<br><i>HOLD IF: Giving IV. Administer at least 30 mins prior to principal medication.</i> |             |             |             |



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|  |             |             |
|--|-------------|-------------|
| <input type="checkbox"/> <b>diphenhydramine (BENADRYL) 50 mg/mL injection syringe 25 mg</b><br>25 mg, Intravenous, Once as needed, Patient unable to tolerate PO, Starting when released, For 1 dose<br><i>HOLD IF: given PO. Administer at least 30 mins prior to principal medication.</i> | Every visit | Every visit |
| <input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b><br>10 mg, Oral, Once, Starting at treatment time, For 1 dose<br><i>Administer at least 30 mins prior to principal medication.</i>   | Every visit | Every visit |
| <input type="checkbox"/> <b>methyprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg</b><br>40 mg, Intravenous, Once, Starting at treatment start time, For 1 dose<br><i>Administer at least 30 minutes prior to principal medication.</i>                                      | Every visit | Every visit |

**Medications**

|  | Interval      | Defer Until | Duration     |
|--|---------------|-------------|--------------|
| <input type="checkbox"/> <b>Provider Communication</b><br>Routine, Until discontinued, Starting when released, Until Specified.<br>This therapy plan includes Schedule Weeks 0, 2, 6. Both orders should be signed if the load is intended for continued IV vedolizumab maintenance.<br>For patients being maintained via subcutaneous route, order only week 0 & 2. | Every visit   |             | Every visit  |
| <input type="checkbox"/> <b>vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9% 250 mL IVPB</b><br>300 mg, Intravenous, Administer over 30 Minutes, Once, Starting 30 minutes after treatment start time, For 1 dose.<br>WEEKS 0 & 2  | Every 2 weeks |             | 2 treatments |
| <input type="checkbox"/> <b>vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9% 250 mL IVPB</b><br>300 mg, Intravenous, Administer over 30 Minutes, Once, Starting 30 minutes after treatment start time, For 1 dose.<br>WEEK 6   | Every 6 weeks |             | 1 treatment  |
| <input type="checkbox"/> <b>vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9% 250 mL IVPB</b><br>300 mg, Intravenous, Administer over 30 Minutes, Once, Starting 30 minutes after treatment start time, For 1 dose.<br>MAINTENANCE DOSE   | Every 8 weeks |             |              |

**Labs**

|  | Interval      | Defer Until | Duration |
|--|---------------|-------------|----------|
| <input type="checkbox"/> <b>CBC and Differential</b><br>Routine, Once, Starting when released, Draw on Week 6  | Every 6 weeks |             | Once     |
| <input type="checkbox"/> <b>Basic Metabolic Panel</b><br>Routine, Once, Starting when released, Draw on Week 6 | Every 6 weeks |             | Once     |
| <input type="checkbox"/> <b>Hepatic Panel (LFTs)</b><br>Routine, Once, Starting when released, Draw on Week 6  | Every 6 weeks |             | Once     |



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|                          |   |               |      |
|--------------------------|---|---------------|------|
| <input type="checkbox"/> | <b>Erythrocyte Sedimentation Rate (ESR)</b><br>Routine, Once, Starting when released, Draw on Week 6  | Every 6 weeks | Once |
| <input type="checkbox"/> | <b>C-Reactive Protein (CRP)</b><br>Routine, Once, Starting when released, Draw on Week 6              | Every 6 weeks | Once |
| <input type="checkbox"/> | <b>CBC and Differential</b><br>Routine, Once, Starting when released, Maintenance Lab                 | Every 8 weeks |      |
| <input type="checkbox"/> | <b>Basic Metabolic Panel</b><br>Routine, Once, Starting when released, Maintenance Lab                | Every 8 weeks |      |
| <input type="checkbox"/> | <b>Hepatic Panel (LFTs)</b><br>Routine, Once, Starting when released, Maintenance Lab                 | Every 8 weeks |      |
| <input type="checkbox"/> | <b>Erythrocyte Sedimentation Rate (ESR)</b><br>Routine, Once, Starting when released, Maintenance Lab | Every 8 weeks |      |
| <input type="checkbox"/> | <b>C-Reactive Protein (CRP)</b><br>Routine, Once, Starting when released, Maintenance Lab             | Every 8 weeks |      |

**Catheter Management**

|   | Interval | Defer Until | Duration |
|---|----------|-------------|----------|
| <input type="checkbox"/> <b>Line Access</b><br>Routine, As needed, Starting when released, Until Specified<br>As Needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.  | PRN      |             | PRN      |
| <input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b><br>2 mg, Intracatheter, As needed, line care, Starting when released<br>For central venous access device requiring clearance. May repeat once per lumen.<br>For patient greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe.<br>For patients less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL. | PRN      |             | PRN      |
| <input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b><br>Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.  | PRN      |             | PRN      |
| <input type="checkbox"/> <b>heparin (PF) 100 unit/mL flush 5 mL</b><br>5 mL, Intravenous, As needed, line care, Starting when released  | PRN      |             | PRN      |
| <input type="checkbox"/> <b>heparin (PF) 10 unit/mL flush syringe 3 mL</b><br>3 mL, Intravenous, As needed, line care, Starting when released   | PRN      |             | PRN      |
| <input type="checkbox"/> <b>heparin (PF) 10 unit/mL flush syringe 5 mL</b><br>5 mL, Intravenous, As needed, line care, Starting when released   | PRN      |             | PRN      |
| <input type="checkbox"/> <b>heparin 1,000 unit/mL catheter injection 2 mL</b><br>2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INSUSING THROUGH THE APHERESIS CATHETER, Starting when released.  | PRN      |             | PRN      |
| <input type="checkbox"/> <b>sodium chloride (NS) 0.9% syringe flush 3 mL</b>  | PRN      |             | PRN      |



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3 mL, Intravenous, As needed, line care, Starting when released

|                          |  |     |     |
|--------------------------|--|-----|-----|
| <input type="checkbox"/> | <b>sodium chloride (NS) 0.9% syringe flush 10 mL</b> | PRN | PRN |
|--------------------------|--|-----|-----|

10 mL, Intravenous, As needed, line care, Starting when released

|                          |  |     |     |
|--------------------------|--|-----|-----|
| <input type="checkbox"/> | <b>sodium chloride (NS) 0.9% syringe flush 20 mL</b> | PRN | PRN |
|--------------------------|--|-----|-----|

20 mL, Intravenous, As needed, line care, Starting when released

|                          |   |     |     |
|--------------------------|---|-----|-----|
| <input type="checkbox"/> | <b>sodium chloride (NS) 0.9% infusion</b> | PRN | PRN |
|--------------------------|---|-----|-----|

20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment. Starting when released, For 24 hours

|                          |                     |     |     |
|--------------------------|---------------------|-----|-----|
| <input type="checkbox"/> | <b>D5W infusion</b> | PRN | PRN |
|--------------------------|---------------------|-----|-----|

20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment. Starting when released, For 24 hours

**Emergency Medications/Anaphylaxis**

|  | Interval | Defer Until | Duration |
|--|----------|-------------|----------|
| <input type="checkbox"/> <b>Provider and Nurse Communication</b> | PRN      |             | PRN      |

Routine, Once, Starting when released

Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.

|                          |   |     |     |
|--------------------------|---|-----|-----|
| <input type="checkbox"/> | <b>EPINEPHrine (ADRENALIN) auto-injector 0.3 mg</b> | PRN | PRN |
|--------------------------|---|-----|-----|

0.3 mg, Intramuscular, As needed, anaphylaxis. Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL

|                          |  |     |     |
|--------------------------|--|-----|-----|
| <input type="checkbox"/> | <b>sodium chloride 0.9% bolus 1,000 mL</b> | PRN | PRN |
|--------------------------|--|-----|-----|

1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose

|                          |   |     |     |
|--------------------------|---|-----|-----|
| <input type="checkbox"/> | <b>Oxygen Therapy – Non- Rebreather</b> | PRN | PRN |
|--------------------------|---|-----|-----|

Routine

Select a Mode of Therapy: Non-Rebreather

Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes

Min SpO2 (%): 94

**Hypersensitivity**

|  | Interval | Defer Until | Duration |
|--|----------|-------------|----------|
| <input type="checkbox"/> <b>Provider and Nurse Communication</b> | PRN      |             | PRN      |

Routine, Until discontinued, Starting when released, Until Specified

Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.

|                          |   |     |     |
|--------------------------|---|-----|-----|
| <input type="checkbox"/> | <b>albuterol (ACCUNEB) 1.25 mg/3 mL nebulizer solution 2.5 mg</b> | PRN | PRN |
|--------------------------|---|-----|-----|

2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose

|                          |  |     |     |
|--------------------------|--|-----|-----|
| <input type="checkbox"/> | <b>acetaminophen (TYLENOL) tablet 975 mg</b> | PRN | PRN |
|--------------------------|--|-----|-----|

975 mg, Oral, Once as needed, fever, Starting at treatment time, For 1 dose

|                          |  |     |     |
|--------------------------|--|-----|-----|
| <input type="checkbox"/> | <b>diphenhydramine HCL (BENADRYL) 50 mg/mL injection syringe 25 mg</b> | PRN | PRN |
|--------------------------|--|-----|-----|

25 mg, Intravenous, As needed, itching hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg. Starting when released, For 1 dose.

|                          |   |     |     |
|--------------------------|---|-----|-----|
| <input type="checkbox"/> | <b>famotidine (PF) (PEPCID) injection 20 mg</b> | PRN | PRN |
|--------------------------|---|-----|-----|

20 mg, Intravenous, Once as needed, Adjunct treat for mild-moderate, or SEVERE reaction Hold if: give as premed, Starting when



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released, For 1 dose. May be given undiluted IV push over 2 minutes.

- |                          |   |     |     |
|--------------------------|---|-----|-----|
| <input type="checkbox"/> | <b>cetirizine (Zyrtec) tablet 10 mg</b><br>10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose<br>HOLD IF: given fexofenadine.     | PRN | PRN |
| <input type="checkbox"/> | <b>fexofenadine (Allegra) tablet 180 mg</b><br>180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, for 1 dose.<br>HOLD IF: given cetirizine. | PRN | PRN |
| <input type="checkbox"/> | <b>methylprednisolone sodium succinate (PF) (Solu-Medrol) injection 40 mg</b><br>40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. | PRN | PRN |
| <input type="checkbox"/> | <b>ondansetron (PF) (Zofran) injection 4 mg</b><br>4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses   | PRN | PRN |
| <input type="checkbox"/> | <b>meperidine (PF) (Demerol) injection syringe 25 mg</b><br>25 mg, Intravenous, Once as needed, rigors, Starting when released, For 1 dose<br>Maximum MME/Day: unknown for this order                             | PRN | PRN |