

## ENTYVIO (Vedolizumab) ORDER FORM

### REFERRAL TYPE

New Referral     
  Order Renewal     
  Restart     
  Frequency Change     
  Dosage Change

### PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West   Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road   Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue   Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive   Suite 323 Olney, MD 20832	<input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW   Suite 300 Washington, DC 20006
	<input type="checkbox"/> 3027 Javier Road   Suite 2 Fairfax, VA 22031	

### PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: <span style="float: right;">KG      LBS</span>	Phone:

### REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone: <span style="float: right;">Fax:</span>
Address:	

### ENTYVIO ORDER

*We do not accept off-label diagnoses, dosages, or frequencies.*

#### Dosing/Frequency:

Initial/Reload: 300mg IV at 0, 2, 6 weeks, and then a maintenance dose of every \_\_\_\_\_ weeks  
 Maintenance: 300mg IV every \_\_\_\_\_ weeks

#### Diagnosis:

<input type="checkbox"/> K50.00—Crohn's disease of small intestine w/o complications	<input type="checkbox"/> K51.018—Ulcerative (chronic) pancolitis with other complication
<input type="checkbox"/> K50.013—Crohn's disease of small intestine with fistula	<input type="checkbox"/> K51.30—Ulcerative (chronic) rectosigmoiditis w/o complications
<input type="checkbox"/> K50.10—Crohn's disease of large intestine w/o complications	<input type="checkbox"/> K51.80—Other ulcerative colitis w/o complications
<input type="checkbox"/> K50.113—Crohn's disease of large intestine with fistula	<input type="checkbox"/> K51.90—Ulcerative colitis, unspecified, w/o complications
<input type="checkbox"/> K50.80—Crohn's disease of both small and large intestine w/o complications	
<input type="checkbox"/> K50.90—Crohn's disease, unspecified, w/o complications	
<input type="checkbox"/> K51.00—Ulcerative (chronic) pancolitis w/o complications	

Other Diagnosis: \_\_\_\_\_ ICD-10 Code (Required): \_\_\_\_\_

Special Instructions:

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ *(Order is Valid for One Year)*

### REQUIRED DOCUMENTATION

#### Please fax the following documents and records:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>● Patient Demographics</li> <li>● Two most recent office notes (Supporting the DX and treatment ordered)</li> <li>● Most recent labs that include values for:               <ul style="list-style-type: none"> <li>● CMP and CBC, TB screening (PPD, QFT Gold or TSpot)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>● Copy of the patient's insurance card(s) – front and back</li> <li>● Medication History</li> <li>● For continuation of treatment, include the last infusion note</li> </ul> |
|---|---|

***We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.***