



NuCara Pharmacy
6111 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923
Fax: 512-524-1801

NuCara Infusion Center
6013 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923 x4
Fax: 512-524-1801

Vital Care NuCara Infusion Center
4201 W. Stan Schuler Loop Unit B
Killeen, TX 76549
Phone: 512-454-9923 x2
Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

Entyvio (Vedolizumab) Infusion Orders

Required Information:

Signed order from prescribing provider
Patient demographics including insurance information
Supporting clinical documentation: Visit notes, diagnostic results

Primary Diagnosis:

Crohn's Disease (ICD-10 : _____)
Ulcerative Colitis (IDC-10: _____)
Other: _____ (ICD-10: _____)

ENTYVIO ORDERS

Induction Dose: Entyvio 300mg at weeks 0,2,6 then every 8 weeks

Maintenance Doses: Entyvio 300mg every 8 weeks

Duration:

1 year or _____ # of Treatments

Date of Last Entyvio: _____

Administered per manufacturer guidelines

PRE-MEDICATIONS

PO Tylenol _____ mg

PO Cetirizine _____ mg

IV Solu-medrol _____ mg

PO Loratadine _____ mg

PO IV Diphenhydramine _____ mg

PO IV Other: _____ mg

LABS

CBC

ESR

Uric Acid

CMP

TB Quantiferon Gold

Other: _____

CRP

Hep B Core/Surface AG

Other: _____

Frequency:

Every Visit

Every Other Visit

One time only

Other: _____

CPL Acct #: _____

ADDITIONAL INSTRUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name: _____ Ph: _____ Fax: _____

Physician Signature: _____ NPI: _____ Date: _____