

VELODIZUMAB (ENTYVIO)[®] REFERRAL CHECKLIST

- Complete patient/care partner counseling:**
 - Provide FDA-approved patient labeling ([Medication Guide](#)) and review Patient Counseling Information (both can be found in [Full Prescribing Information](#))

- Use the [NICA Infusion Center Locator](#) to find an appropriate and convenient infusion center.

- Contact selected infusion site for referral requirements.**

If the site does not require use of its own order form, download the [NICA Entyvio Infusion Orders](#) form.

- Provide patient/care partner with the “Preparing for Your Entyvio[®] Infusion” handout developed by the Infusion Access Foundation.**

Be sure to include the name and phone number of the infusion site where the referral will be sent so the patient/care partner can follow up as needed.

- Fax necessary documentation to the selected infusion site:**
 - Patient demographics/contact information
 - Insurance information (copy of front & back insurance card)
 - Completed, signed order form
 - Chart summary (past medical history, current medications, drug allergies)
 - Documentation supporting medical necessity criteria (e.g., assessment and diagnostic findings noting disease state and response to treatment, disease impact on ADLs)