Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Omvoh® (Mirikizumab) Order Form

Epic referral: REF115241

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx:

Ulcerative Colitis Induction dosing:

☐ Mirikizumab 300 mg IV over 30 minutes at weeks 0, 4, and 8

(Followed by home subcutaneous maintenance dosing at week 12 and every 4 weeks thereafter.)

Crohn's Disease Induction dosing:

☐ Mirikizumab 900 mg IV over 90 minutes at weeks 0, 4, and 8

(Followed by home subcutaneous maintenance dosing at week 12 and every 4 weeks thereafter.)

Monitoring:

Last date and type of TB test: _____(please fax copy of results with order)

Last date of LFT panel: _____(please fax copy of results with order)

☐ Draw LFTs at baseline.

Other Comments: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____