

- Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218
- Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030
- NYC Central Park West**  
115 Central Park West  
Suite 15  
New York, NY 10023
- Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225
- Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570
- Woodbury**  
75 Froehlich Farm  
Woodbury, NY 11797
- Manhattan**  
57W 57Street  
Suite 601  
New York, NY 10019
- Elmsford/Tarrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523
- Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306



- Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021
- Holbrook/Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741
- Long Beach**  
917 Beech Street  
Long Beach, NY 11561
- Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375
- Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583
- Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901
- Manhattan**  
225 East 70th Street  
New York, NY 10021
- 5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559
- Bronx**  
226 West 238th Street  
Bronx, NY 10463

(OmvoH IV)  
**mirikizumab-mrkz**

Infusion orders

Date: \_\_\_\_\_

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:		Weight lbs/kg:

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order

PHYSICIAN INFORMATION	
Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: _____ Fax: _____
Practice Address:	City: _____ State: _____ Zip Code: _____

**DIAGNOSIS** (and ICD 10 code)

Ulcerative Colitis                      ICD-10 Code: K51.90

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

**NOTE**

**List Tried & Failed Therapies, including duration of treatment:**

1)

2)

**\*\*Referring physician is responsible for monitoring and reviewing the following labs prior to treatment:**

- Fasting phosphorus level prior to each dose for first 3 doses and administer only if below ULN
- Fasting phosphorus level 2-4 weeks after dose modifications. If dose adjustments are needed, new order must be sent by provider based on PI dose calculations

**MIRIKIZUMAB-MRKZ (OmvoH IV) ORDERS**

**Medication ordered**

OmvoH 300 mg IV at weeks 0 , 4 , 8

*SPECIAL INSTRUCTIONS*

**PATIENT WEIGHT**

\_\_\_\_\_ lbs.

\_\_\_\_\_ kg

**\*\*Hepatotoxicity in treatment of Crohn's disease. Drug induced liver injury during induction has been reported. Monitor LFT's and bilirubin at baseline and during induction, up to at least 24 weeks of treatment. Monitor thereafter according to routine patient management.**

**REQUIRED DOCUMENTATION:**

- This signed order form by the provider
- Patient demographics AND insurance information
- Clinical/Progress notes supporting primary dx
- Confirmed negative TB testing
- LFT and Bilirubin lab results

**ORDERING PROVIDER**

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_