OMVOH

Indication for moderate to severe Ulcerative Colitis

INFUSION FOR HEALTH
InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order. Most recent office visit note, Patient Demographic & Insurance Information, Medication List.

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ ○ lbs / ○ kg Height: _____

Diagnosis: ☐ K51.90 _____

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

PREMEDS

☐ No Premeds ☐ Other:

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

OMVOH DOSAGE

Date of Last Treatment, If Continuation: _____

For Ulcerative Colitis: Induction dose for weeks 0, 4, 8:
300mg/250ml infusion of 0.9% NS or D5W over at least 30 minutes
Then week 12 starts: **200mg maintenance injections**

Start Date of Infusion: _____ **Route:** ☑ SQ Injection

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: ☐ Check TB test prior to giving medication ☐ Obtain Liver enzymes and bilirubin levels

☐ Up-to-date on all vaccines as live vaccines are contra-indicated

☐ Other: _____ ☐ Prior to first appointment ☐ Other Frequency: _____

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

Revised 01/26/24