

# Omvo<sup>TM</sup> (mirikizumab-mrkz) Standard Plan of Treatment for Gastroenterology

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Referral Status:                       | MRN:                                  |
| <input type="checkbox"/> New referral  | <input type="checkbox"/> Order change |
| <input type="checkbox"/> Order Renewal |                                       |
| Patient preferred clinic:              |                                       |

## PATIENT DEMOGRAPHICS:

|                                   |                               |
|-----------------------------------|-------------------------------|
| Date of Referral:                 | Patient's Phone:              |
| Patient Name:                     | Address:                      |
| Date of Birth:                    | City, State, Zip:             |
| Height in inches:                 | Weight: LB or KG              |
| Gender:                           | Allergies:                    |
| <input type="checkbox"/> See list | <input type="checkbox"/> NKDA |

## DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)

|                                                   |                                                               |
|---------------------------------------------------|---------------------------------------------------------------|
| K51.0 - Universal Ulcerative (chronic) Pancolitis | K51.8 - Other Ulcerative (chronic) Colitis                    |
| K51.5 - Left sided Ulcerative (chronic) Colitis   | K51.9 - Ulcerative Colitis, unspecified without complications |
| - Other:                                          |                                                               |

## REQUESTED DOCUMENTATION:

|   |                                             |                  |                                                        |
|---|---------------------------------------------|------------------|--------------------------------------------------------|
| 1 | Insurance information                       | IF NO:           | IF YES:                                                |
| 2 | Most recent History & Physical              | PLEASE STATE     | LAST INFUSION DATE:                                    |
| 3 | Full medication list                        | REQUIRED WASHOUT | NEXT INFUSION DATE:                                    |
| 4 | Tried and failed therapies                  | FROM PREVIOUS    | <b>IF ORDER CHANGE:</b>                                |
| 5 | <b>REQUIRED:</b> TB screening for new start | THERAPY:         | <b>Continue current order until insurance approved</b> |
| 6 | Baseline LFTs and bilirubin level           |                  |                                                        |

## MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive mirikizumab-mrkz if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new-onset of deterioration neurological changes, and/or surgery.

### PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED

|           |                    |      |       |        |            |                 |       |       |       |        |
|-----------|--------------------|------|-------|--------|------------|-----------------|-------|-------|-------|--------|
| <b>IV</b> | Diphenhydramine    | 25mg | 50mg  |        | <b>PO</b>  | Acetaminophen   | 325mg | 500mg | 650mg | 1000mg |
|           | Methylprednisolone | 40mg | 125mg | Other: |            | Famotidine      | 20mg  | 40mg  |       |        |
|           | Famotidine         | 20mg | 40 mg |        |            | Diphenhydramine | 25mg  | 50mg  |       |        |
|           | Other:             |      |       |        |            | Fexofenadine    | 60mg  | 180mg |       |        |
|           |                    |      |       |        | Cetirizine | 10mg            |       |       |       |        |
|           |                    |      |       |        | Loratadine | 10mg            |       |       |       |        |
|           |                    |      |       |        | Other:     |                 |       |       |       |        |

## MEDICATION/DOSE:

Omvo<sup>TM</sup> (mirikizumab-mrkz) 300mg/15ml in 50ml-250ml of NS given IV over at least 30 minutes. Flush entire line with NS at the end of the infusion.

## FREQUENCY:

Week 0, week 4, and week 8  
 Other: \_\_\_\_\_

## SPECIAL/OTHER LAB ORDERS:

\_\_\_\_\_  
 \_\_\_\_\_

## NURSING ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure
- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

## ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



## PRESCRIBER INFORMATION:

|                   |        |
|-------------------|--------|
| PROVIDER NAME:    | PHONE: |
| ADDRESS:          | FAX:   |
| CITY, STATE, ZIP: | NPI:   |

## PRESCRIBER SIGNATURE: (No stamp signatures)

## DATE:

|                                               |                        |
|-----------------------------------------------|------------------------|
|                                               |                        |
| Dispense as written/Brand medically necessary | Substitution permitted |