

OMVOH (mirikizumab-mrkz) Infusion Orders

Patient Name: _____ DOB: _____ ☐ M ☐ F

☐ NKDA Allergies: _____

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider: _____ Provider NPI: _____

Practice Phone: _____ Practice Fax: _____

Diagnosis *(please provide ICD-10 code):*

☐ _____ Ulcerative Colitis (UC) ☐ _____ Crohn's Disease (CD)

Pre-Medication:

- ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Cetirizine 10mg PO ☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg PO ☐ Diphenhydramine 25mg IVP
☐ Other: _____

Required Documents:

- ☒ Patient Demographic Sheet
☒ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*
☒ TB Status & Date *(please attach results)*
☒ CMP (LFTs & bili should be monitored at baseline, during induction, and periodically)

OMVOH ORDERS:

Initial Induction Dosing & Frequency:

- ☐ 300mg administer IV over 30 minutes @ week 0, 4, and 8 *(indicated dose for Ulcerative Colitis)*
☐ 900mg administer IV over 90 minutes @ week 0, 4, and 8 *(indicated dose for Crohn's Disease)*

**follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order.*

Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. **Copy can be provided per request.*

Ordering Provider Signature: _____ Date: _____