

**PATIENT INFORMATION / REFERRAL STATUS**

Referral Status:  New Referral  Updated Order  Order Renewal    Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ICD-10 Code: \_\_\_\_\_ ICD-10 Description/Diagnosis: \_\_\_\_\_  
 Allergies:  NKDA    Allergies: \_\_\_\_\_    Weight: \_\_\_\_\_  lbs/ kg    Height: \_\_\_\_\_  
 Patient Status:  New to Therapy  Continuing Therapy    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**PROVIDER / PRACTICE INFORMATION**

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Referral Coordinator Name: \_\_\_\_\_ Email: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

**REFERRING PROVIDER COMMUNICATIONS**

- I have reviewed the prescribing information and medication guide for Omvoh (mirikizumab-mrkz).
- Avoid use of live vaccines during treatment. Prior to initiating therapy, complete all age-appropriate vaccinations according to current immunization guidelines.
- Evaluate liver enzymes and bilirubin at baseline and periodically thereafter. Interrupt treatment if drug-induced liver injury is suspected. Instruct patients to seek immediate medical attention if they experience symptoms suggestive of hepatic dysfunction.
- Evaluate patients for tuberculosis (TB) prior to initiating treatment. Do not administer to patients with active TB infection. Monitor patients for signs and symptoms of active TB during and after treatment.
- Evaluate for active infection. Delay administration to patients with an active infection.

**NURSING PROTOCOL COMMUNICATIONS**

- Provide nursing care, vital signs, monitoring according to Memorial Outpatient Procedures. Establish/maintain IV access and administer medication as ordered. Remove peripheral IV access after infusion completion if applicable. Follow infusion-related/hypersensitivity reactions management according to MHS Outpatient Adverse Reaction Protocol available for review on at [mhs.net/services/pharmacy/infusion-services/outpatient-infusion](https://mhs.net/services/pharmacy/infusion-services/outpatient-infusion).
- Discharge/Follow-up instructions according to Memorial Outpatient Procedures.

**LABORATORY ORDERS**

- Pregnancy, Urine for females of childbearing potential who have not undergone a hysterectomy:**  Once  Every Visit
- CBC with Diff:**  Once  Every Visit  Every \_\_\_\_ months
- Comprehensive Metabolic Panel:**  Once  Every Visit  Every \_\_\_\_ months
- Liver panel:**  Once  Every Visit  Every \_\_\_\_ months
- Bilirubin, fractionated:**  Once  Every Visit  Every \_\_\_\_ months

**PRE-MEDICATION ORDERS (30-60 Minutes Prior to Therapy)**

- Acetaminophen (Tylenol) 650 mg PO
- Diphenhydramine (Benadryl)  25 mg  50 mg  PO  IV **OR**
  - Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO
- Methylprednisolone (Solu-Medrol)  40 mg  125 mg IV **OR**
  - Dexamethasone (Decadron)  8 mg  20 mg PO
- Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency/Timing: \_\_\_\_\_

**THERAPY PLAN**

**Medication Name:** Mirikizumab-mrkz (Omvoh)

**Dose:**

**Ulcerative Colitis**

- 300 mg in NS 100 mL over at least 30 minutes

**Crohn's Disease**

- 900 mg in NS 250 mL over at least 90 minutes

**Frequency:** Week 0, Week 4, and Week 8

**Route:**  IV  SQ  IM

**Infuse over:**  30 minutes  1 Hour  2 Hours  Other: \_\_\_\_\_

**\*\*Diluent/Volume/Concentration/Special tubing/Filters will be in accordance with the product package insert.\*\***

- Flush with 0.9% sodium chloride at completion per protocol or medication-specific instructions

**Additional Administration Instructions:**

Do not dilute or infuse through the same intravenous line with other solutions. Monitor for hypersensitivity reactions. Flush the line at the same infusion rate as used for treatment administration.

**Note to Pharmacy/Comments:**

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

**Refills:**  Zero  for 12 months  Other: \_\_\_\_\_

*(if not indicated, order will expire one year from date signed)*

\_\_\_\_\_  
*Provider Name (Print)*

\_\_\_\_\_  
*Provider Signature*

\_\_\_\_\_  
*Date*

Observe patient for infusion related and hypersensitivity reactions such as fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

### If reaction occurs:

- Stop infusion and assess patient.
- Maintain or establish vascular access if needed
- **Administer emergency medication(s) according to symptoms:**
  - ☒ Acetaminophen 650 mg PO once PRN headache, pain, fever >100.4F, chills or rigors.
  
  - ☒ Diphenhydramine 50 mg IV once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction **OR**
  - ☒ Diphenhydramine 50 mg IM once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction (if no IV access)
  
  - ☒ Dexamethasone 10 mg IV once PRN shortness of breath or wheezing **OR**
  - ☒ Dexamethasone 10 mg IM once PRN shortness of breath or wheezing (if no IV access)
  
  - ☒ Ondansetron 4 mg IV once PRN nausea, vomiting **OR**
  - ☒ Ondansetron 4 mg IM once PRN nausea, vomiting (if no IV access)
- May re-start therapy if appropriate when symptoms resolve. Resume infusion at 50% of the previous rate and increase per manufacturer's guidelines.

### If a severe allergic/anaphylactic reaction occurs

- Symptoms are rapidly progressing or continuing after administration of PRN medications and/or signs and symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension)
  - ☒ Notify the Rapid Response / Rescue Alert Team / Blue Alert / 911.
  - ☒ Initiate BLS/ Cardiopulmonary resuscitation if necessary.
  - ☒ Administer Epinephrine 0.3 mg intramuscularly, every 5 MIN PRN rapidly progressing or continuing after administration of PRN medication or signs and symptoms of severe allergic/anaphylactic reaction. Administer every 5-15 minutes as needed preferably in the outer thigh.
  - ☒ Place the patient in a recumbent position, elevate lower extremities.
  - ☒ Continuously monitor vital signs (blood pressure, pulse oximetry, and heart rate).
  - ☒ Contact and notify the referring provider on the day of occurrence once patient is stabilized.
  - ☒ Document reaction in the medical record and complete an incident report once patient is stabilized.