Mirikizumab-mrkz (Omvoh)

Provider Order Form *rev. 06/11/2024*

710 Nashville Pike, Suite 103
Gallatin. TN. 37066
P: (615) 471-8673
F: (615) 471-8674
Email : info@ivcareinfusion.com

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ TB status & date (list results here & attach clinicals)

_____

☑ Baseline Liver Enzymes, including bilirubin (results)

_____

☑ Provide nursing care per IVCare Infusion's Nursing Procedures, including reaction management and post-procedure observation

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
☐ Other: _____
Dose: _____ Route: _____
Frequency: _____

LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
☐ CRP ☐ at each dose ☐ every _____
☐ Other: _____

THERAPY ADMINISTRATION

☑ Mirikizumab-mrkz (Omvoh) induction IV dose

- Dose: 300mg
- Frequency: week 0, week 4, and week 8
- Route: Intravenous
- Infuse over 30 minutes

☑ Flush with 0.9% sodium chloride at infusion completion

SPECIAL INSTRUCTIONS

Evaluate for TB prior to initiating treatment with Omvoh.

Evaluate liver enzymes and bilirubin at baseline and for at least 24 weeks of treatment. Monitor thereafter according to routine patient management.

Provider Name (Print) **Provider Signature** **Date**

Email info@ivcareinfusion.com or fax this Form, Insurance card (both sides), Demographics, Recent H&P, Labs & supporting Clinicals to:

FAX NUMBER FOR OMVOH REFERRALS: (615) 471-8674