

# OmvoH (Mirikizumab-mrkz)

Infusion Order Form – Page 1 of 1



## Clinic Location

- ☐ **Harbor Health Park Bend Clinic**  
2200 Park Bend Drive, Bldg. 2, Suite 204, Austin, TX 78758  
P: (512) 270-2104  
F: (512) 233-2288

## Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

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: \_\_\_\_\_

## Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list

Supporting clinical notes (H&P) to support primary diagnosis:  
- Results of Tuberculosis skin/lab testing  
- Baseline Liver Enzyme and Bilirubin  
- CBC and CMP results one week prior to each dose

## Orders

### NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).  
☒ Complete TB Questionnaire.

### LABORATORY

- ☐ CBC at \_\_\_\_\_ weeks before each infusion  
☐ CMP at \_\_\_\_\_ weeks before each infusion  
☐ CRP at \_\_\_\_\_ weeks before each infusion  
☐ Other: \_\_\_\_\_

### PRE-MEDICATION

- ☐ 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: \_\_\_\_\_

### THERAPY

- ☐ **Ulcerative Colitis - Mirikizumab-mrkz (OmvoH) Induction IV dose**  
Dose: 300mg ☐ 0.9% Sodium Chloride ☐ D5W  
☐ 50ml ☐ 100ml ☐ 250ml  
Frequency: week 0, week 4, and week 8  
Route: Intravenous  
Infuse over 30 minutes
- ☐ **Crohn's - Mirikizumab-mrkz (OmvoH) Induction IV dose**  
Dose: 900mg ☐ 0.9% Sodium Chloride ☐ D5W  
☐ 100ml ☐ 250ml  
Frequency: week 0, week 4, and week 8  
Route: Intravenous  
Infuse over 90 minutes
- ☒ Flush with 0.9% sodium chloride at infusion completion

*\*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: \_\_\_\_\_