

McLeod Health

Mirikizumab (Omvoh) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one and complete the 2nd and 3rd digits to complete the ICD-10 code):

- K51.0__ Ulcerative (Chronic) Pancolitis
- K51.2__ Ulcerative (Chronic) Proctitis
- K51.3__ Ulcerative (Chronic) Rectosigmoiditis
- Other: ICD 10 Code: _____ Diagnosis Description: _____

Pre-Medications: **administered 30 minutes prior to infusion**

- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP
- Methylprednisolone: Dose: 40 mg or 125 Route: IVP
- Famotidine: Dose: 20 mg Route: PO or IVPB
- Other (include drug, dose, and route): _____

Drug Orders:

- Mirikizumab (Omvoh) (J2267) 300 mg per 250 mL Sodium Chloride 0.9% IV to infuse over 30 minutes

Frequency: Weeks 0, 4, and 8
 Other: _____

- Subcutaneous maintenance dosing to be initiated by physician office starting at Week 12 every 4 weeks thereafter

Lab Orders:

Standing Orders:

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Provide TB screening results (PPD or QuantiFERON Gold Test) prior to start of therapy and within last 12 months

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received mirikizumab at another facility, please provide last date received: _____
- If patient has previously received another biologic therapy, please provide the name: _____
and the last date received: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
 McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.