

Mirikizumab-mrkz (Omvo) Induction Followed by Maintenance Every 4 Weeks

Mirikizumab-mrkz (Omvo) 300 mg IV week 0, 4, 8 followed by 200 mg subq week 12 then every 4 weeks thereafter

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare) Diagnosis: _____

Review: Every 180 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). If result is indeterminate, a follow up chest X-ray must be performed to rule out TB. Patients should not have an active ongoing TB infection at the onset of mirikizumab therapy.			

Hypersensitivity, including anaphylaxis, mucocutaneous erythema, and pruritus during the IV infusion, has been reported.

Live or live attenuated vaccines should not be given concurrently

Supplemental Labs

☐ Hepatitis B Screening Labs			
☒ Hepatitis B Surface Antigen	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Surface Antibody Quant	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Core Antibody, Total	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Screening Labs			
☐ QUANTIFERON TB GOLD	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Skin Test	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			
Point Of Care			
☐ Read PPD	Every 365 days		Until discontinued

	Interval	Defer Until	Duration
Routine, Once Starting when released, Miscellaneous Release to patient: Immediate Point Of Care			
Labs			
☒ Comprehensive metabolic panel Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every 28 days		Until discontinued
Nursing Orders			
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if Hepatitis B surface antigen or core antibody total test result is positive, TB test result is positive, or if screening has not been performed.	Once		1 treatment
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if patient has signs and symptoms of infection (fever, skin infection, need for antibiotics etc).	Every 28 days		Until discontinued
Therapeutic Medications			
☒ MIRIKIZUMAB-MRKZ ORDERABLE IVPB intravenous, Once, Starting when released Crohn's Disease dose = 900 mg IV over 90 min Ulcerative Colitis dose = 300 mg IV over 30 min Do not mix with other drugs. Do not dilute or infuse through the same IV line with solutions other than NS or D5W	Every 28 days		3 treatments
☐ AH THERAPEUTIC MEDICATION MIRIKIZUMAB-MRKZ SUBQ (NO DEFAULT DOSE)			
☒ Provider communication Until discontinued Starting when released Until Specified Subcutaneous injections are included on the Center for Medicare & Medicaid Services Self-Administration Drug Exclusion List. An outpatient prescription for subcutaneous maintenance dosing will need to be supplied by the provider for patients with traditional Medicare (Medicare B) for self-administration.	Every 28 days	S+84	Until discontinued
☐ mirikizumab-mrkz syringe 200 mg 200 mg, subcutaneous, Once, Starting when released Ulcerative Colitis. Given as either one injection of 200 mg or as two consecutive injections of 100 mg each.	Every 28 days	S+84	Until discontinued
☐ mirikizumab-mrkz 300mg/3mL(100mg /mL-200 mg/2mL) syringe 300 mg 300 mg, subcutaneous, Once, Starting when released Crohn's Disease. Given as two consecutive injections of 100 mg and 200 mg in any order.	Every 28 days	S+84	Until discontinued
Medications			
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, headaches, fever, chills, or malaise, Starting when released, Until Discontinued	PRN		Until discontinued
☒ diphenhydramine (BENADryl) 25 mg 25 mg, oral, Once as needed, itching - 1st line, rash, Starting when released, Until Discontinued Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydramine, not both.	PRN		Until discontinued
☒ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once as needed, For itching or rash if diphenhydramine is not given, Starting when released, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.	PRN		Until discontinued
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued

	Interval	Defer Until	Duration
☒ Vital Signs	PRN		Until discontinued
STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	PRN		Until discontinued
Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion	PRN		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	PRN		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 28 days		3 treatments
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☐ Infusion Appointment Request	Every 28 days	S+84	Until discontinued
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**