OMVOH
(mirikizumab-mrkz)

PATIENT INFORMATION

PATIENT NAME: ________ PHONE #: ________

ADDRESS: ________ CITY, STATE, ZIP: ________

DATE OF BIRTH: ________ EMAIL: ________

ALLERGIES: ☐ SEE LIST ☐ NKDA WEIGHT: ☐ LB OR ☐ KG

REQUIRED DOCUMENTATION

1. Insurance Card
2. History & Physical
3. Patient Demographics
4. Most Recent Labs
5. Medication List
6. Tried/Failed Therapies
7. Negative TB Results
8. Baseline liver function tests (if available)

PRIMARY DIAGNOSIS

☐ K51.00 Ulcerative (chronic) pancolitis without complications ☐ K51.90 Ulcerative colitis, unspecified without complications

☐ Other ________

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: ________

PRE-MEDICATIONS

☑ Per infusion clinic protocol: No recommended standard pre-meds for Omvoh

☐ Provider Prescribed: ________

PRIMARY MEDICATION ORDER

Induction Doses (to be administered in infusion clinic):
☐ Omvoh 300mg IV at weeks 0, 4, and 8.

Maintenance Doses (to be self-administered by patient):
☐ Infusion clinic will coordinate initial maintenance dose from Specialty Pharmacy: Omvoh 200mg SubQ (given as two consecutive injections of 100mg each) at week 12 and every 4 weeks thereafter.

☐ Provider's office will coordinate maintenance dose from Specialty Pharmacy.

☐ Other ________

FIRST DOSE?: ☐ Yes ☐ No ☑ Refill x12 months unless otherwise noted. ________

LINE USE/CARE ORDERS

☑ Start PIV/ACCESS CVC ☑ Flush device per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)

☐ Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

☑ Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)

☐ Other: (Please send other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: ________ PHONE: ________

OFFICE CONTACT: ________ FAX: ________

ADDRESS: ________ EMAIL: ________

CITY, STATE, ZIP: ________ NPI AND LICENSE: ________

✖ ________ ________

PROVIDER SIGNATURE DATE

LIFE SPECIALTY SOLUTIONS - PHONE: (347) 533-6000 -FAX: (347) 533-7000