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|--|--|
| <input type="checkbox"/> NL Infusion Care, AR Gould, Presque Isle
Phone: 207-768-4151; Fax: 207-768-4022 | <input type="checkbox"/> NL Mary Dow Center, Ellsworth
Phone: 207-664-5584; Fax: 207-664-5485 |
| <input type="checkbox"/> NL Infusion Care, Blue Hill
Phone: 207-374-3995; Fax: 207-374-3970 | <input type="checkbox"/> NL Infusion Care, Mayo, Dover-Foxcroft
Phone: 207-564-4254; Fax: 207-564-4418 |
| <input type="checkbox"/> NL Infusion Care, CA Dean, Greenville
Phone: 207-695-5222; Fax: 207-695-4801 | <input type="checkbox"/> NL Mercy Cancer Care, Portland
Phone: 207-553-6868; Fax: 207-904-0917 |
| <input type="checkbox"/> NL Infusion Care, Brewer
Phone: 207-973-9785; Fax: 207-973-9788 | <input type="checkbox"/> NL Infusion Care, SVH, Pittsfield
Phone: 207-487-4052; Fax: 207-487-3995 |
| <input type="checkbox"/> NL Infusion Care, Waterville
Phone: 207-861-3380; Fax: 207-861-3348 | |

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

OP mirikizumab (Omvoh) (Paper)

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Diagnosis: Ulcerative Colitis
 Moderate to Severe Crohn's Disease

ICD10: _____

Verification of T SPOT/PPD or Quantiferon: TB testing is required prior to initiation of therapy, a change in living environment, or travel to an area that would pose an increased risk of TB. Please indicate date and result of test done:

T SPOT: Date: ____/____/____ Result: _____

Quantiferon TB Gold Test: Date: ____/____/____ Result: _____

PPD: Date: ____/____/____ Result: _____

Baseline Labs

Bilirubin Total (0.0 -1.0) Date: ____/____/____ Result: _____

Alkaline Phosphatase (35 -104) Date: ____/____/____ Result: _____

Alkaline Aminotransferase [ALT] (0-33) Date: ____/____/____ Result: _____

Aspartate Aminotransferase [AST] (0-32) Date: ____/____/____ Result: _____

IV Access:

- Saline Lock:
 - Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
 - Discontinue Saline Lock after therapy completed
- PICC Line:
 - Routine PICC Line Care, labs and restoration
 - Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- Porta cath / Central Access Device (Hickman, Triple lumen):
 - Porta cath access, labs, restoration and de-access

Height: _____ cm **Weight:** _____ kg

Lab Orders

- +8 weeks Bilirubin Total, BLOOD, Routine, Repeat baseline labs while in clinic for dose #3 (8 week dose)
- +8 weeks Alkaline Phosphatase, BLOOD, Routine, Repeat baseline labs while in clinic for dose #3 (8 week dose)
- +8 weeks Alkaline Aminotransferase [ALT], BLOOD, Routine, Repeat baseline labs while in clinic for dose #3 (8 week dose)
- +8 weeks Aspartate Aminotransferase [AST], BLOOD, Routine, Repeat baseline labs while in clinic for dose #3 (8 week dose)

Medications

Initial treatment for Crohn's

- Mirikizumab, **900 mg**, Soln, IVPB, ONCE, Mixed in 250 ml Normal Saline, Infuse over 90 minutes
Initial Treatment Frequency: One time dose Week 0, 4, 8 (3 doses)

Initial treatment for Ulcerative Colitis

- Mirikizumab, **300 mg**, Soln, IVPB, ONCE, Mixed in 250 ml Normal Saline, Infuse over 90 minutes
Initial Treatment Frequency: One time dose Week 0, 4, 8 (3 doses)

Maintenance treatment

Mirikizumab (Omvoh) **200 mg** subcutaneous solution ****TO be sent as a prescription to a patient's preferred pharmacy by provider**



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Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
February 2025