

**POLICY:** Inflammatory Conditions – Omvoh Intravenous Utilization Management Medical Policy

- Omvoh® (mirikizumab-mrkz intravenous infusion – Eli Lilly)

**EFFECTIVE DATE:** 3/15/2024

**LAST REVISION DATE:** 12/17/2025

**COVERAGE CRITERIA FOR:** All Aspirus Medicare Plans

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## OVERVIEW

Omvoh intravenous, a monoclonal antibody against the p19 subunit of the interleukin (IL)-23 cytokine, is indicated for the **induction treatment of**:<sup>1</sup>

- **Crohn's disease**, in adults with moderate to severe active disease.
- **Ulcerative colitis**, in adults with moderate to severe active disease.

## Dosing

### *Crohn's disease*

In Crohn's disease, a three-dose induction regimen (900 mg at Weeks 0, 4, and 8) is administered by intravenous (IV) infusion.<sup>1</sup> Following induction therapy with the IV product, the recommended maintenance dose is Omvoh 300 mg administered as a subcutaneous injection at Week 12 (4 weeks following the last induction dose), then once every 4 weeks thereafter.

### *Ulcerative colitis*

In ulcerative colitis, a three-dose induction regimen (300 mg at Weeks 0, 4, and 8) is administered by intravenous (IV) infusion.<sup>1</sup> Following induction therapy with the IV product, the recommended maintenance dose is Omvoh 200 mg administered as a subcutaneous injection at Week 12 (4 weeks following the last induction dose), then once every 4 weeks thereafter.

## Guidelines

The following guidelines address indications for which Omvoh IV is indicated.

- **Crohn's Disease:** The American College of Gastroenterology (ACG) [2025] and the American Gastroenterological Association (AGA) [2025] have guidelines for the management of CD in adults.<sup>2,3</sup> In moderate to severe disease, systemic corticosteroids or advanced therapies may be utilized for induction of remission. Advanced therapies recommended include tumor necrosis factor (TNF) inhibitors, Entyvio® (vedolizumab intravenous infusion, subcutaneous injection), interleukin (IL)-23 inhibitors, IL-12/23 inhibitors, and Rinvoq® (upadacitinib extended-release tablets). If steroids are utilized for induction, efforts should be made to introduce steroid-sparing agents for maintenance therapy.
- **Ulcerative colitis:** The AGA (2024) and the ACG (2025) have clinical practice guidelines on the management of moderate to severe UC.<sup>4,5</sup> In moderate to severe disease, systemic

corticosteroids or advanced therapies may be utilized for induction of remission. Advanced therapies recommended include TNF inhibitors, Entyvio, IL-23 inhibitors, IL-12/23 inhibitors, sphingosine-1-phosphate (S1P) receptor modulators, and Janus kinase (JAK) inhibitors. If steroids are utilized for induction, efforts should be made to introduce steroid-sparing agents for maintenance therapy. Of note, guidelines state corticosteroids may be avoided entirely when other effective induction strategies are planned.<sup>5</sup> Both guidelines also recommend that any drug that effectively treats induction should be continued for maintenance.<sup>4,5</sup>

### **POLICY STATEMENT**

Prior Authorization is recommended for medical benefit coverage of Omvoh IV. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). Because of the specialized skills required for evaluation and diagnosis of patients treated with Omvoh as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Omvoh IV to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for three months, which is an adequate duration for the patient to receive three doses.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Omvoh intravenous is recommended in those who meet one of the following criteria:

#### **FDA-Approved Indications**

1. **Crohn's Disease.** Approve three doses for induction if the patient meets ALL of the following (A, B, C, and D):
  - A) Patient is  $\geq$  18 years of age; AND
  - B) The medication will be used as induction therapy; AND
  - C) Patient meets ONE of the following (i, ii, iii, or iv):
    - i. Patient has tried or is currently taking a systemic corticosteroid, or a systemic corticosteroid is contraindicated in this patient; OR
    - ii. Patient has tried one other conventional systemic therapy for Crohn's disease; OR  
Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, or methotrexate. An exception to the requirement for a trial of or contraindication to steroids or a trial of one other conventional systemic agent can be made if the patient has already tried at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for Crohn's disease. A trial of mesalamine does not count as a systemic agent for Crohn's disease.
    - iii. Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR
    - iv. Patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence); AND

**D)** The medication is prescribed by or in consultation with a gastroenterologist.

**Dosing:** Approve 900 mg as an intravenous infusion administered at Weeks 0, 4, and 8.

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**2. Ulcerative Colitis.** Approve three doses for induction if the patient meets ALL of the following (A, B, and C):

**A)** Patient is  $\geq$  18 years of age; AND

**B)** The medication will be used as induction therapy; AND

**C)** The medication is prescribed by or in consultation with a gastroenterologist.

**Dosing:** Approve 300 mg as an intravenous infusion administered at Weeks 0, 4, and 8.

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### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Omvoh intravenous is not recommended in the following situations:

- 1. Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.  
Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine) in combination with this medication.
- 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### REFERENCES

1. Omvoh® intravenous infusion, subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; April 2024. Lichtenstein G, Loftus E, Afzali A, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol.* 2025 June;120(6):1225-1264.
2. Scott FI, Ananthakrishnan AN, Click B, et al. AGA Living Clinical Practice Guideline on the Pharmacologic Management of Moderate-to-Severe Crohn's Disease. *Gastroenterology.* 2025 Dec;169(7):1397-1448.
3. Singh S, Loftus EV Jr, Limketkai BN, et al. AGA Living Clinical Practice Guideline on Pharmacological Management of Moderate-to-Severe Ulcerative Colitis. *Gastroenterology.* 2024 Dec;167(7):1307-1343.
4. Rubin D, Ananthakrishnan A, Siegel C. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. *Am J of Gastroenterol.* 2025 June;120(6):1187-1224.

### HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	-	11/08/2023
Update	11/14/2023: No criteria changes. Added Note stating trial of a mesalamine product does not count as systemic therapy.	NA
Selected Revision	Conditions Not Recommended for Approval: Concurrent use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug was changed to as	09/11/2024

	listed (previously oral small molecule drug was listed as Disease-Modifying Antirheumatic Drug).	
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/16/2024
Annual Revision	No criteria changes.	12/04/2024
Selected Revision	Crohn's disease: This newly approved condition was added to the policy.	01/22/2025
Selected Revision	<b>Ulcerative Colitis:</b> For initial therapy, removed the following options of approval: (1) the patient has tried one systemic therapy; (2) the patient has pouchitis and tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema.	07/23/2025
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/15/2025
Annual Revision	<b>Appendix:</b> Otezla XR (apremilast extended-release tablets) was added.	12/17/2025

## APPENDIX

	Mechanism of Action	Examples of Indications*
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia®</b> (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
<b>Infliximab IV Products</b> (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Zyffentra®</b> (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
<b>Simponi®, Simponi Aria®</b> (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC IV formulation: AS, PJIA, PsA, RA
<b>Tocilizumab Products</b> (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA IV formulation: PJIA, RA, SJIA
<b>Kezara®</b> (sarilumab SC injection)	Inhibition of IL-6	RA
<b>Orencia®</b> (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret®</b> (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Omvoh®</b> (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	CD, UC
<b>Ustekinumab Products</b> (Stelara® IV, biosimilar; Stelara SC, biosimilar)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC IV formulation: CD, UC
<b>Siliq®</b> (brodalumab SC injection)	Inhibition of IL-17	PsO
<b>Cosentyx®</b> (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
<b>Taltz®</b> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Bimzelx®</b> (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO, AS, nr-axSpA, PsA
<b>Ilumya®</b> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi®</b> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC IV formulation: CD, UC
<b>Tremfya®</b> (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: CD, PsA, PsO, UC IV formulation: CD, UC
<b>Entyvio®</b> (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs</b>		
<b>Otezla®</b> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo™</b> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant®</b> (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
<b>Litfulo®</b> (ritlecitinib capsules)	Inhibition of JAK pathways	AA
<b>Legselvi®</b> (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
<b>Rinvoq®</b> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, CD, UC
<b>Rinvoq® LQ</b> (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
<b>Sotyktu®</b> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz®</b> (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz® XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
<b>Zeposia®</b> (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
<b>Velsipity®</b> (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

\* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; <sup>^</sup> Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.