

Medical Policy Manual

Draft Revision Policy: Do Not Implement

Mirikizumab-mrkz (Omvo)

Some agents on this policy may require step therapy See “Step Therapy Requirements for Provider Administered Specialty Medications” Document at:
https://www.bcbst.com/docs/providers/Comm_BC_PAD_Step_Therapy_Guide.pdf

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

**The proposal is to add text/statements in red and to delete text/statements with strikethrough:
POLICY**

INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

- Treatment of moderately to severely active ulcerative colitis in adults.
- Treatment of moderately to severely active Crohn's disease in adults.

All other indications are considered experimental/investigational and not medically necessary.

DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

Ulcerative Colitis (UC) and Crohn's Disease (CD)

Continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a gastroenterologist.

COVERAGE CRITERIA

Ulcerative colitis (UC)

Authorization of 12 months may be granted for treatment of moderately to severely active ulcerative colitis.

Crohn's disease (CD)

Authorization of 12 months may be granted for treatment of moderately to severely active Crohn's disease.



CONTINUATION OF THERAPY

Ulcerative Colitis (UC)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Stool frequency
- Rectal bleeding
- Urgency of defecation
- C-reactive protein (CRP)
- Fecal calprotectin (FC)
- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

Crohn's disease (CD)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain remission.

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Abdominal pain or tenderness
- Diarrhea
- Body weight
- Abdominal mass
- Hematocrit
- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index [CDAI] score)

OTHER

Member has been evaluated for tuberculosis (TB) infection prior to initiation of treatment with a biologic or targeted synthetic drug associated with an increased risk of TB.

~~For all indications: Member has had a documented negative tuberculosis (TB) test (which can include a tuberculosis skin test [TST] or an interferon release assay [IGRA]) within 12 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB.~~



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~~If the screening testing for TB is positive, there must be further testing to confirm there is no active disease (e.g., chest x-ray). Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.~~

Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.

DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

REFERENCES

1. Omvoh [package insert]. Indianapolis, IN: Eli Lilly and Company.; **November 2025.**
2. ~~Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on January 21, 2025 from: <https://www.cdc.gov/tb/testing/index.html>.~~
3. Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. Am J Gastroenterol. 2011;106(Suppl 1):S2-S25.
4. Rubin DT, Ananthakrishnan AN, **Siegel CA**, et al. **2019** ACG Clinical Guideline: Ulcerative Colitis in Adults. Am J Gastroenterol. **2025**;120:1187-1224.
5. **Singh S, Loftus EV Jr, Limketkai BN, et al.** ~~Feuerstein JD, Isaacs KL, Schneider Y, et al.~~ AGA **Living** Clinical Practice Guideline on **Pharmacological** Management of Moderate-to-Severe Ulcerative Colitis. Gastroenterology. **2024**;167(7):1307-1343.
6. Lichtenstein GR, Loftus EV, **Afzali A, Isaacs KL**, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol. **2025**;120:1225-1264.
7. **Scott FI, Ananthakrishnan AN, Click B**, et al. AGA **Living** Clinical Practice Guideline on the **Medical Pharmacologic** Management of Moderate-to-Severe Luminal and Perianal Fistulizing Crohn's Disease. Gastroenterology. **2025**;169(7):1397-1448.

EFFECTIVE DATE

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