



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	OmvoH (mirikizumab-mrkz)	Page:	1 of 3
Effective Date:	5/1/2024	Last Review Date:	01/08/2024; 4/2024
Applies to:	<input checked="" type="checkbox"/> Illinois <input type="checkbox"/> Maryland <input type="checkbox"/> Michigan	<input type="checkbox"/> Florida <input type="checkbox"/> Florida Kids <input type="checkbox"/> Virginia	<input type="checkbox"/> New Jersey <input type="checkbox"/> Pennsylvania Kids <input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for OmvoH under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

OmvoH is indicated for the treatment of moderately to severely active ulcerative colitis in adults.

All other indications are considered experimental/investigational and not medically

Applicable Drug List:

OmvoH

Policy/Guideline:

- Member has had a documented negative tuberculosis (TB) test (which can include a tuberculosis skin test [TST], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB.
**If the screening testing for TB is positive, there must be further testing to confirm there is no active disease. 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.

Documentation

The patient is unable to take THREE preferred products, where indicated, for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

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

- 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



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Criteria for Initial Approval:

- A. Authorization may be granted for adult members for treatment of moderately to severely active ulcerative colitis

Criteria for Continuation of Therapy:

- A. Authorization may be granted for all adult members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.
- B. Authorization may be granted for all adult 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:
 1. Stool frequency
 2. Rectal bleeding
 3. Urgency of defecation
 4. C-reactive protein (CRP)
 5. Fecal calprotectin (FC)
 6. Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
 7. Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 Months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

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

References:

1. OmvoH [package insert]. Indianapolis, IN: Eli Lilly and Company.; October 2023.
2. Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on November 5, 2023 from: <https://www.cdc.gov/tb/topic/basics/risk.htm>.
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, et al. 2019 ACG Clinical Guideline: Ulcerative Colitis in Adults. *Am J Gastroenterol.* 2019;114:384-413.



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5. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. *Gastroenterology*. 2020; 158:1450.