



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	OmvoH (mirikizumab-mrkz)	Page:	1 of 3
Effective Date:	9/25/2026	Last Review Date:	8/11/2026
Applies to:	☒ New Jersey		

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

All other indications are considered experimental/investigational and not medically

Applicable Drug List:

Non-preferred: OmvoH

Policy/Guideline:

Documentation

The patient is unable to take TWO preferred products (a preferred adalimumab product, a preferred ustekinumab product, tofacitinib), 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:

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

Criteria for Initial Approval:

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.

Criteria for Continuation of Therapy:



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Page: 2 of 3

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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, magnetic resonance enterography, or intestinal ultrasound
- Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity, 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, magnetic resonance enterography, or intestinal ultrasound
- Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index 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.



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Name:	OmvoH (mirikizumab-mrkz)	Page:	3 of 3
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Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 Months

Quantity Level Limits:

- 300 mg/15 mL singledose vial: 9 vials per 56 days
- 100 mg/mL single-dose prefilled pen/syringe for subcutaneous injection: 1 carton (2 pens/syringes) per 28 days
- 200 mg/2 mL single-dose prefilled pen/syringe for subcutaneous injection: 1 pen/syringe per 28 days
- 200 mg/2 mL single-dose prefilled pen/syringe and 100 mg/mL single-dose prefilled pen/syringe for subcutaneous injection: 1 carton (2 pens/syringes) per 28 days

References:

1. OmvoH [package insert]. Indianapolis, IN: Eli Lilly and Company; November 2025.
2. 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.
3. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG Clinical Guideline: Ulcerative Colitis in Adults. *Am J Gastroenterol*. 2025;120:1187-1224.
4. 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;167(7):1307-1343.
5. Lichtenstein GR, Loftus EV, Afzali A, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol*. 2025;120:1225-1264.
6. 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;169(7):1397-1448