Omvoh® (Mirikizumab-Mrkz)

Policy Number: CS2026D00129J
Effective Date: May 1, 2026

➲ Instructions for Use

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Commercial Policy
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Application

This Medical Benefit Drug Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Arizona	Refer to the state's Medicaid clinical policy
Indiana	Refer to the state's Medicaid clinical policy
Kansas	Refer to the state's Medicaid clinical policy
North Carolina	None
Ohio	Immunomodulatory Agents for Systemic Inflammatory Diseases (for Ohio Only)
Pennsylvania	Refer to the state's Medicaid clinical policy
Texas	Refer to drug specific criteria found within the Texas Medicaid Provider Procedures Manual
Washington	Refer to the state's Medicaid clinical policy

Coverage Rationale

This policy refers to Omvoh (mirikizumab-mrkz) injection. Omvoh (mirikizumab-mrkz) for self-administered subcutaneous injection is obtained under the pharmacy benefit.

Ulcerative Colitis (UC)

Omvoh is proven and medically necessary for the treatment of ulcerative colitis when all of the following criteria are met:

- Diagnosis of moderately to severely active ulcerative colitis; **and**
- **One** of the following:
  - Patient has had prior or concurrent inadequate response to a therapeutic course of oral corticosteroids and/or immunosuppressants (e.g., azathioprine, 6-mercaptopurine); **or**
  - Patient has been previously treated with a systemic targeted immunomodulators FDA-approved for the treatment of ulcerative colitis [e.g., adalimumab, Entyvio (vedolizumab), Rinvoq (upadacitinib), Simponi (golimumab), Skyrizi (risankizumab), Tremfya (guselkumab), Xeljanz/Xeljanz XR (tofacitinib), ustekinumab, Zeposia (ozanimod)]

  and
- History of failure, contraindication, or intolerance to **two targeted immunomodulators** FDA-approved for the treatment of ulcerative colitis (document drug, date, and duration of trial); **and**

- Omvoh is to be administered as three intravenous induction doses; **and**
- Omvoh induction dosing is in accordance with the United States Food and Drug Administration (FDA)-labeled dosing for UC; **and**
- Patient is not receiving Omvoh in combination with another systemic targeted immunomodulator [e.g., adalimumab, Entyvio (vedolizumab), Rinvoq (upadacitinib), Simponi (golimumab), Skyrizi (risankizumab), Tremfya (guselkumab), Xeljanz/Xeljanz XR (tofacitinib), ustekinumab, Zeposia (ozanimod)] for treatment of the same indication; **and**
- Prescribed by or in consultation with a gastroenterologist; **and**
- Authorization will be issued for 3 induction doses

Crohn's Disease (CD)

Omvoh is medically necessary for the treatment of Crohn's disease (CD) when all of the following criteria are met:

- Diagnosis of moderately to severely active Crohn's disease; **and**
- One of the following:
  - History of failure to **one** of the following conventional therapies at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced:
    - Corticosteroids (e.g., prednisone, methylprednisolone, budesonide)
    - 6-mercaptopurine (Purinethol)
    - Azathioprine (Imuran)
    - Methotrexate (Rheumatrex, Trexall)

    or
  - Patient has been previously treated with a systemic targeted immunomodulator FDA-approved for the treatment of Crohn's disease [e.g., adalimumab, Cimzia (certolizumab), Entyvio (vedolizumab), Omvoh (mirikizumab-mrkz), Rinvoq (upadacitinib), Skyrizi (risankizumab), Tremfya (guselkumab), ustekinumab]

  and
- History of failure, contraindication, or intolerance to **two targeted immunomodulators** FDA-approved for the treatment of Crohn's disease (document drug, date, and duration of trial); **and**
- Omvoh is to be administered as three intravenous induction doses; **and**
- Omvoh induction dosing is in accordance with the United States Food and Drug Administration (FDA) labeled dosing for CD; **and**
- Patient is not receiving Omvoh in combination with another systemic targeted immunomodulator [e.g., adalimumab, Cimzia (certolizumab), Entyvio (vedolizumab), Omvoh (mirikizumab-mrkz), Rinvoq (upadacitinib), Skyrizi (risankizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
- Prescribed by or in consultation with a gastroenterologist; **and**
- Authorization will be issued for 3 induction doses

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J2267	Injection, mirikizumab-mrkz, 1 mg

Diagnosis Code	Description
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications

Diagnosis Code	Description
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) recto sigmoiditis without complications
K51.311	Ulcerative (chronic) recto sigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) recto sigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) recto sigmoiditis with fistula
K51.314	Ulcerative (chronic) recto sigmoiditis with abscess
K51.318	Ulcerative (chronic) recto sigmoiditis with other complication
K51.319	Ulcerative (chronic) recto sigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula

Diagnosis Code	Description
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.1	Toxic gastroenteritis and colitis

Background

Omvoh is a humanized IgG4 monoclonal antibody that selectively binds to the p19 subunit of human IL-23 cytokine and inhibits its interaction with the IL-23 receptor. IL-23 is involved in mucosal inflammation and affects the differentiation, expansion, and survival of T cell subsets, and innate immune cell subsets, which represent sources of pro-inflammatory cytokines.

Clinical Evidence

Proven

Ulcerative Colitis

The safety and efficacy of mirikizumab-mrkz was evaluated in two randomized, double-blind, placebo-controlled clinical studies, one induction study [UC-1 (NCT03518086)] and one maintenance study [UC-2 (NCT03524092)], in adult subjects with moderately to severely active ulcerative colitis who had inadequate response, loss of response, or failed to tolerate any of the following: corticosteroids, 6-mercaptopurine, azathioprine, biologic therapy (TNF blocker, vedolizumab), or tofacitinib. The 12-week intravenous induction study (UC-1) was followed by the 40-week subcutaneous randomized withdrawal maintenance study (UC-2).

Study UC-1

In UC-1, efficacy was evaluated in 1,062 subjects who were randomized 3:1 at Week 0 to receive 300 mg mirikizumab-mrkz or placebo by intravenous infusion at Week 0, Week 4, and Week 8. Subjects had a mean age of 43 years (range 18 to 79 years); 40% were female; and 71% identified as White, 25% as Asian, 1% as American Indian or Alaska Native, 1% as Black or African American, and < 2% as another racial group or did not report their racial group. Subjects were permitted to use stable doses of aminosalicylates, immunomodulators (6-mercaptopurine, azathioprine, methotrexate),

and oral corticosteroids (prednisone ≤ 20 mg/day or equivalent, extended-release budesonide 9 mg/day, beclomethasone dipropionate 5 mg/day). At baseline, 41% of subjects were receiving oral corticosteroids, 24% were receiving immunomodulators, and 75% were receiving aminosalicylates.

At baseline, 57% were biologic and Janus Kinase inhibitor (JAKi)-naive, 41% had failed at least one biologic, 3% had failed a JAKi, and 2% had previously received but had not failed a biologic or JAKi.

Disease activity was assessed based on the modified Mayo score (mMS), which ranges from 0 to 9 and has three subscores that are each scored from 0 (normal) to 3 (most severe): stool frequency, rectal bleeding, and findings on centrally read endoscopy subscore. At baseline, subjects had a mMS of 5 to 9, including a centrally read endoscopy subscore of 2 or 3. An endoscopy subscore of 2 was defined by marked erythema, absent vascular pattern, friability, and erosions; and a subscore of 3 was defined by spontaneous bleeding and ulceration. Subjects had a median mMS of 7, and 58% had severely active disease (mMS of 7 to 9).

The primary endpoint was clinical remission at Week 12. The secondary endpoints were clinical response, endoscopic improvement, and histologic-endoscopic mucosal improvement.

Study UC-1 was not designed to evaluate the relationship of histologic-endoscopic mucosal improvement at Week 12 to disease progression and long-term outcomes.

Rectal Bleeding and Stool Frequency Subscores

Decreases in rectal bleeding and stool frequency subscores were observed as early as Week 3 in subjects treated with Omvoh compared to subjects on placebo.

After 12 weeks of induction, 65% of patients achieved clinical response and 24% achieved clinical remission compared to placebo (43% and 15%, for clinical response and clinical remission, respectively). Decreases in rectal bleeding and stool frequency subscores were observed as early as week 3 in patients treated with mirikizumab compared to patients on placebo.

Study UC-2

The maintenance study (UC-2) evaluated 506 subjects who achieved clinical response at Week 12 in Study UC-1. These subjects were randomized 2:1 to receive 200 mg mirikizumab-mrkz or placebo subcutaneously every 4 weeks for 40 weeks in UC-2, for a total of 52 weeks of treatment. Subjects who were on concomitant ulcerative colitis therapies during UC-1 were required to continue on stable doses of oral aminosalicylates and immunomodulators (6-mercaptopurine, azathioprine, methotrexate). Corticosteroid tapering was required for subjects who were receiving corticosteroids at baseline and achieved clinical response in UC-1.

The primary endpoint was clinical remission at Week 40. The secondary endpoints were endoscopic improvement, maintenance of clinical remission in subjects who achieved clinical remission at Week 12, corticosteroid-free clinical remission, and histologic-endoscopic mucosal improvement.

Study UC-2 was not designed to evaluate the relationship of histologic-endoscopic mucosal improvement at Week 40 to disease progression and long-term outcomes.

Bowel Urgency

Bowel urgency was assessed during UC-1 and UC-2 with an Urgency Numeric Rating Scale (NRS) of 0 to 10. A greater proportion of subjects with a baseline Urgency NRS weekly average score ≥ 3 treated with Omvoh compared to placebo reported an Urgency NRS weekly average score of 0 or 1 (39% versus 23%) at Week 40. Urgency NRS weekly average scores of 0 to 1 were also observed in a greater proportion of subjects treated with Omvoh compared to placebo at Week 12.

Endoscopic Assessment

Normalization of the endoscopic appearance of the mucosa (endoscopic remission) was defined as a Mayo endoscopic subscore of 0. At Week 40 in UC-2, endoscopic remission was observed in a greater proportion of subjects treated with Omvoh compared to placebo (22% versus 14%).

Among those who achieved clinical response at 12 weeks, 51% of all patients and 45% of patients who failed prior treatment with a biologic or Janus kinase inhibitor achieved clinical remission at 52 weeks compared to placebo (27% and 15%, respectively). Of the patients who achieved clinical response at 12 weeks, 50% achieved steroid-free clinical

remission at 52 weeks, compared to 27% of patients receiving placebo. Patients in steroid-free clinical remission were steroid-free for at least 12 weeks prior to the end of the 52-week assessment. Among patients who achieved clinical remission at 12 weeks, 66% of patients maintained clinical remission through 1 year of continuous treatment compared 40% of patients receiving placebo.

Ulcerative Colitis

The safety and efficacy of mirikizumab-mrkz was evaluated in a randomized, double-blind, placebo-controlled study [CD-1 (NCT03926130)] in adult subjects with moderately to severely active Crohn's disease who had an inadequate response, loss of response, or intolerance to corticosteroids, immunomodulators (azathioprine, 6-mercaptopurine, and methotrexate), and/or biologics (TNF blockers, integrin receptor antagonists).

Study CD-1

In CD-1, the efficacy population consisted of 679 subjects who were randomized 3:1 at Week 0 to receive mirikizumab-mrkz 900 mg by intravenous infusion at Week 0, Week 4, and Week 8 followed by a dosage of 300 mg by subcutaneous injection at Week 12 and then every 4 weeks for 40 weeks, or placebo. Subjects had a mean age of 36 years (range 18 to 74 years); 42% were female; and 71% identified as White, 25% as Asian, < 1% as American Indian or Alaska Native, 1% as Black or African American, and 2% as another racial group or did not report their racial group. Subjects were permitted to use stable doses of oral corticosteroids (prednisone ≤ 30 mg/day or equivalent, extended-release budesonide 9 mg/day), immunomodulators (6-mercatopurine, azathioprine, or methotrexate) and/or aminosalicylates. At baseline, 31% of subjects were receiving oral corticosteroids, 26% were receiving immunomodulators, and 44% were receiving aminosalicylates.

At baseline, 47% had a loss of response, inadequate response, or intolerance to one or more biologic therapy.

Disease activity at baseline was assessed by the Crohn's Disease Activity Index (CDAI) and the Simple Endoscopic Score for Crohn's disease (SES-CD). Moderately to severely active CD was defined by a CDAI of ≥ 220 and an SES-CD ≥ 7 (centrally read) for subjects with ileal-colonic disease or ≥ 4 for subjects with isolated ileal disease. At baseline, subjects had a median CDAI of 329 and SES-CD of 12.

The coprimary endpoints of clinical remission by CDAI and endoscopic response by SES-CD were assessed at Week 52. Secondary efficacy endpoints included endoscopic response at Week 12 and endoscopic remission and corticosteroid-free clinical remission at Week 52.

Stool Frequency and Abdominal Pain

In CD-1, reductions in abdominal pain were observed as early as Week 6 and in stool frequency as early as Week 12 in subjects treated with mirikizumab-mrkz compared to placebo.

Fatigue

In CD-1, subjects treated with mirikizumab-mrkz experienced a clinically meaningful improvement in fatigue, assessed by the change from baseline in the Functional Assessment of Chronic Illness Therapy Fatigue Scale (FACIT-Fatigue), at Week 12, compared to placebo-treated subjects. The effect of mirikizumab-mrkz to improve fatigue after 12 weeks has not been established.

Other Assessments at Week 12

In CD-1, a greater proportion of subjects treated with mirikizumab-mrkz compared to placebo achieved clinical remission (34% versus 23%) and endoscopic remission (10% versus 4%) at Week 12.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Omvoh is an interleukin-23 antagonist indicated for the treatment of moderately to severely active ulcerative colitis and moderately to severely active Crohn's disease in adults.

References

1. Omvoh [package insert]. Indianapolis, IN: Eli Lilly and Company; November 2025.

2. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology. 2020 Jan 13.
3. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG Clinical Guideline: Ulcerative Colitis in Adults. Am J Gastroenterol. 2019 Mar;114(3):384-413.Yese.
4. Lichtenstein GR, Loftus EV, Isaacs KL, et al ACG clinical guideline: management of Crohn's disease in adults. Am J Gastroenterol. 2018; 113:481-517.

Policy History/Revision Information

Date	Summary of Changes
05/01/2026	**Coverage Rationale** • Revised coverage criteria; replaced criterion requiring "the patient is not receiving Omvoh in combination with another targeted immunomodulator" with "the patient is not receiving Omvoh in combination with another *systemic* targeted immunomodulator *for treatment of the same indication*" ***Ulcerative Colitis (UC)*** • Revised list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Omvoh: o Added: ▪ Entyvio (vedolizumab) ▪ Tremfya (guselkumab) ▪ Zeposia (ozanimod) o Removed: ▪ Cimzia (certolizumab) ▪ Enbrel (etanercept) ▪ Olumiant (baricitinib) ▪ Orencia (abatacept) o Replaced "Xeljanz (tofacitinib)" with "Xeljanz/*Xeljanz XR* (tofacitinib)" • Revised list of examples of systemic targeted immunomodulators with which the patient has been previously treated: o Added: ▪ Tremfya (guselkumab) ▪ Zeposia (ozanimod) o Removed "infliximab" o Replaced "Xeljanz (tofacitinib)" with "Xeljanz/*Xeljanz XR* (tofacitinib)" ***Crohn's Disease (CD)*** • Revised list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Omvoh: o Added: ▪ Entyvio (vedolizumab) ▪ Tremfya (guselkumab) o Removed: ▪ Enbrel (etanercept) ▪ Olumiant (baricitinib) ▪ Orencia (abatacept) ▪ Simponi (golimumab) ▪ Ustekinumab ▪ Xeljanz (tofacitinib) • Revised list of examples of systemic targeted immunomodulators with which the patient has been previously treated: o Added: ▪ Entyvio (vedolizumab) ▪ Tremfya (guselkumab) o Removed: ▪ Enbrel (etanercept) ▪ Olumiant (baricitinib) ▪ Orencia (abatacept) ▪ Simponi (golimumab)

Date	Summary of Changes
	▪ Xeljanz (tofacitinib) **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version CS2026D00129I

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.