



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 12/14/2023

OmvoH™ IV (mirikizumab-mrkz)

HCPCS: J2267

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Treatment with an adequate course of conventional therapy (such as steroids for 7 days, immunomodulators such as azathioprine for at least 2 months) has been ineffective or is contraindicated or not tolerated
 - d. Not to be used in combination with biologic therapies or targeted disease-modifying anti-rheumatic drugs (DMARDs)
 - e. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list

- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limit: Align with FDA recommended dosing
 - b. Initial Authorization Period: One year at a time
 - c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Omvoh is an interleukin (IL)-23 antagonist that selectively binds the p19 subunit of IL-23, and is indicated for the treatment of moderately to severely active ulcerative colitis (UC) in adults.
- UC and Crohn's disease (CD) are two of the most common forms of inflammatory bowel disease (IBD). Both UC and CD are chronic, relapsing, remitting, inflammatory conditions of the gastrointestinal (GI) tract. UC only involves the large intestine as opposed to CD, which can affect any part of the GI tract from mouth to anus. CD can also affect the entire thickness of the bowel wall, while UC only involves the innermost lining of the large intestine. UC can present with symptoms of abdominal discomfort or loose bowel movements, including blood. The cause of UC or CD is not fully understood; however, research suggests that an interplay between environmental factors, genetics, and intestinal microbiota may contribute to the development of UC or CD. UC has an incidence of 9 to 20 cases per 100,000 persons per year. Its prevalence is 156 to 291 cases per 100,000 persons per year.
- The 2019 American College of Gastroenterology guidelines and the 2020 American Gastroenterology Association guidelines state therapeutic management in UC should be guided by the specific diagnosis, an assessment of disease activity, and disease prognosis. Treatment selection should be based not only on inflammatory activity but also on disease prognosis. Remission can be induced using a variety of medications, including oral 5-aminosalicylic acid (5-ASA), corticosteroids, or biologic agents. Thiopurines, such as azathioprine and mercaptopurine, can be used to maintain remission. The tumor necrosis factor (TNF) inhibitor agents infliximab, adalimumab, and golimumab are effective for treatment of patients with UC. Treatment guidelines do not recommend the use of one agent over another as there have been no head-to-head trials comparing the agents to one another. Vedolizumab is another guideline recommended option in patients with moderately to severely active UC for induction of remission, and in patients with moderately to severely active UC who have previously failed anti-TNF therapy, for induction of remission. Sphingosine 1-phosphate (S1P) receptor modulators have not been included in these guidelines.
- The efficacy of Omvoh was based on results from the LUCENT program, which included two randomized, double-blind, placebo-controlled Phase III clinical trials consisting of one 12-week induction study (UC-1) and one 40-week maintenance study (UC-2) for 52 weeks of continuous treatment. All patients in the LUCENT program had past treatments, including biologic treatments, that did not work, stopped working, or that they could not tolerate.
 - The primary endpoint of UC-1 and UC-2 was clinical remission at Week 12 and Week 52, respectively. The secondary endpoints of UC-1 were clinical response, endoscopic improvement, and histologic-endoscopic mucosal improvement (HEMI) at 12 weeks. The secondary endpoints of UC-2 were endoscopic improvement, maintenance of clinical remission in subjects who achieved clinical remission at 12 weeks, corticosteroid-free clinical remission, and HEMI at 40 weeks (a total of 52 weeks of treatment).
 - Of patients treated with Omvoh at 12 weeks in UC-1:
 - 24% achieved clinical remission compared to 15% with placebo (p<0.001).
 - 65% achieved a clinical response compared to 43% with placebo (p<0.001).
 - 34% achieved endoscopic improvement compared to 21% with placebo (p<0.001).
 - 25% achieved histologic-endoscopic mucosal improvement compared to 14% with placebo (p<0.001).
 - Of patients treated with Omvoh at 40 weeks (a total of 52 weeks of treatment) in UC-2:
 - 51% achieved clinical remission compared to 27% with placebo (p<0.001).

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

- 50% achieved corticosteroid-free clinical remission compared to 27% with placebo (p<0.001). Patients in steroid-free remission stopped using corticosteroids for at least the previous 12 weeks prior to the one-year assessment.
- 58% achieved endoscopic improvement compared to 30% with placebo (p<0.001).
- 66% achieved maintenance of clinical remission in patients who achieved clinical remission at Week 12 compared to 40% with placebo (p<0.001).
- 43% achieved histologic-endoscopic mucosal improvement compared to 22% with placebo (p<0.001).

References:

1. Omvoh [prescribing information] Indianapolis, IN: Eli Lilly. October 2023.
2. 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 - 61.
3. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol*. 2019; 114: 384–413.
4. Lynch WD, Hsu R. Ulcerative Colitis. [Updated 2023 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459282/>

Policy History		
#	Date	Change Description
1.2	Effective Date: 03/01/2024	UM medical management system removal for MAPPO and BCNA for Omvoh SQ
1.1	Effective Date: 02/12/2024	UM medical management system update for MAPPO and BCNA for Omvoh IV and SQ
1.0	Effective Date: 12/14/2023	New policy

* *The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.*

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Omvoh™ (mirikizumab-mrkz)
HCPCS CODE: J2267



This form is to be used by participating physicians to obtain coverage for Omvoh. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Pt weight (in kg) Date recorded: _____	City /State/Zip
Diagnosis	Phone/Fax: P: () - F: () -
Drug Name <input type="checkbox"/>	NPI
Dose and Quantity	Contact Person
Directions	Contact Person Phone / Ext.
Date of Service(s)	

STEP 1: DISEASE STATE INFORMATION

1. Is this request for initiation or renewal of therapy? Initiation Continuation **Date patient started therapy:** _____
2. How is this medication being administered? Self-administered **(Please fax this completed form to BCBSM at (866) 601-4425)**
 Health Care Professional administered **(Continue to #3)**
3. Site of administration? Provider office/Home infusion Other: _____
 Hospital outpatient facility (go to #4) **Reason for Hospital Outpatient administration:** _____
4. **Please specify location of administration if hospital outpatient infusion:** _____
5. **Please provide the NPI number for the place of administration:** _____
6. **Initiation of therapy:**
 - a. Please check the patient's diagnosis: Ulcerative colitis (UC) Other: _____
 - b. Has the patient tried and failed therapy with at least one conventional therapy?
 - Systemic corticosteroid daily for 7 days: P list name of drug(s): _____ Date started: _____ Date ended: _____
 - Sulfasalazine, Date started: _____ Date ended: _____
 - Mercaptopurine, Date started: _____ Date ended: _____
 - Azathioprine, Date started: _____ Date ended: _____
 - Methotrexate, Date started: _____ Date ended: _____
 - Other: _____, Date started: _____ Date ended: _____
 - c. Will the patient be receiving Omvoh with other biologic agents (for example: Remicade, Humira, Kineret, Entyvio, Tremfya, etc.) or with targeted DMARD medications (for example: Otezla)? Yes, Please provide rationale: _____ No
7. **Continuation request:** Omvoh start date: _____
 - a. Have the patient's signs and symptoms improved with Omvoh?
 - Yes No, Comment: _____

Please add any other supporting medical information necessary for our review

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name

Physician Signature

Date

Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes	<input type="checkbox"/> Weight (specify lb or kg) , BSA
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

Confidentiality notice: This transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this in error, please notify the sender to arrange for the return of this document.