

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Omvoh is an interleukin-23 antagonist indicated for the treatment of moderately to severely active ulcerative colitis in adults. The intravenous solution is only indicated for induction treatment.						
Exclusion Criteria	Must not be used in combination with other biologic drugs, Otezla, or Janus Kinase Inhibitor (JAKis).						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Age Restriction	Patient is at least 18 years of age.						
Prescriber Restrictions	Prescriber is a specialist or has consulted with a specialist for the condition being treated.						
Coverage Duration	Three induction doses (week zero, week four and week eight) will be covered. Doses are approved according to the FDA-approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 898 1513 1045"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J2267</td> <td>Omvoh (mirikizumab-mrkz)</td> <td>Billing unit: 1 mg 300 mg/15 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J2267	Omvoh (mirikizumab-mrkz)	Billing unit: 1 mg 300 mg/15 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025