

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Mirikizumab-mrkz Subcutaneous (Omvoh Subcutaneous)

#### Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as the following:
  - Biologics – 12 weeks
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- \*\*Trial of a second TNF-inhibitor is NOT required if the patient experienced primary or secondary treatment failure with the first TNF-inhibitor despite a therapeutic drug level

**Initiation (new start) criteria:** Non-formulary **mirikizumab-mrkz subcutaneous (Omvoh Subcutaneous)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of moderate to severe Crohn's disease
  - Prescriber is a gastroenterologist
  - Patient is 18 years of age or older
  - Patient has failed an adequate trial of, has an allergy or intolerance\* to, or has a contraindication to the following:
    - At least 2 tumor necrosis factor (TNF)-inhibitors\*\*
      - Infliximab product
      - Adalimumab product (criteria based)
      - Certolizumab (criteria based)
    - Ustekinumab product (criteria based)
    - Risankizumab-rzaa (criteria based)
  - Patient has received, or is scheduled to receive, 3 doses of mirikizumab-mrkz IV
2. Patient has a diagnosis of moderate to severe ulcerative colitis
  - Prescriber is a gastroenterologist
  - Patient is 18 years of age or older
  - Patient has failed an adequate trial of, has an allergy or intolerance\* to, or has a contraindication to the following:
    - Infliximab product
    - Ustekinumab product (criteria based)
    - Tofacitinib (criteria based) or upadacitinib (criteria based)
    - Guselkumab (criteria based)
    - Risankizumab-rzaa (criteria based)
  - Patient has received, or is scheduled to receive, 3 doses of mirikizumab-mrkz IV

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Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Mirikizumab-mrkz Subcutaneous (Omvoh Subcutaneous)

**Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously*:** Non-formulary mirikizumab-mrkz subcutaneous (Omvoh Subcutaneous) will be covered on the prescription drug benefit for when the following criteria are met:

- Patient has a diagnosis of moderate to severe Crohn's disease or ulcerative colitis
- Prescriber is a gastroenterologist
- Patient is currently stable on the medication

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