

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Omvoh™ SQ & IV (mirikizumab-mrkz)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

ATTENTION: Omvoh IV induction (loading dose) for treatment of Crohn's disease and ulcerative colitis can only be billed under the **MEDICAL BENEFIT.** NDC: 00002-7575-01; **J2267**

Adult Dosing:

- Induction IV:** NDC: 00002-7575-01 – Omvoh IV 300 mg/15 mL vial – J2267
 - UC: 300 mg administered by intravenous infusion over at least 30 minutes at Week 0, Week 4, and Week 8
 - CD: 900 mg administered by intravenous infusion over at least 30 minutes at Week 0, Week 4, and Week 8
- Maintenance SubQ:**
 - UC: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter
 - CD: 300 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter

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CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Ulcerative Colitis

Maintenance Dose – 200 mg administered by subcutaneous injection (given as two consecutive injections of 100 mg each) at Week 12, and every 4 weeks thereafter

Authorization Criteria: To be reviewed for approval under the pharmacy benefit

Length of Approval: One-year

- Member is 18 years or older
- Member has a diagnosis of moderate to severe **ulcerative colitis**
- Member tried and failed, has a contraindication, or intolerance to **BOTH** of the following **PREFERRED** biologics:

<input type="checkbox"/> adalimumab-adbm (Boehringer Ingelheim) OR Hadlima [®] (adalimumab-bwwd)	<input type="checkbox"/> Pyzchiva [®] syringe/vial OR Starjemza [™] (Requires trial and failure of a preferred TNF-alpha inhibitor)
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Crohn’s Disease

Maintenance Dose – 300 mg administered by subcutaneous injection (given as two consecutive injections of 100 mg each and 200mg in any order) at Week 12, and every 4 weeks thereafter

Authorization Criteria: To be reviewed for approval under the pharmacy benefit

Length of Approval: One-year

- Member is 18 years or older
- Member has a diagnosis of moderate to severe **Crohn’s disease**
- Member tried and failed, has a contraindication, or intolerance to **BOTH** of the following **PREFERRED** biologics:

<input type="checkbox"/> adalimumab-adbm (Boehringer Ingelheim) OR Hadlima [®] (adalimumab-bwwd)	<input type="checkbox"/> Pyzchiva [®] syringe/vial OR Starjemza [™] (Requires trial and failure of a preferred TNF-alpha inhibitor)
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Induction Dose (If required) – One time approval for duration of 2 months, member to receive up to three (3) IV infusion doses

Authorization Criteria: To be reviewed for one-time approval under the medical benefit

Member has **ONE** of the following diagnoses:

Crohn's disease

Ulcerative colitis

Medication will be used as induction therapy

Medication being provided by:

Location/site of drug administration: _____

NPI or DEA # of administering location: _____

Member to receive FDA approved loading dose of 300 mg administered by intravenous infusion over at least 30 minutes at Week 0, Week 4, and Week 8 for ulcerative colitis diagnosis or 900 mg administered by intravenous infusion over at least 30 minutes at Week 0, Week 4, and Week 8 for Crohn's disease diagnosis

Medication being provided by Specialty Pharmacy - PropriumRx

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****