For adults with moderately to severely active ulcerative colitis or moderately to severely active Crohn's disease[1]

omvoh® (mirikizumab-mrkz)

A Lilly Medicine

PRESCRIBE OMVOH WITH CONFIDENCE

The majority of eligible, commercially insured patients have access to treatment[2]

Coverage with Omvoh has **continued to expand**, with most commercially insured patients having **pharmacy and medical coverage** through multiple national health plans.[2]

National Health Plan	Omvoh Coverage Status[a]
UnitedHealthcare	Preferred
Cigna	Preferred

Represents Commercial, Employer, Health Insurance Exchange (HIX), Medicare, Medicaid FFS, Managed Medicaid, and PBM formulary data.

[a]Preferred: product is covered on formulary at the preferred brand tier or lowest branded copay tier designation with or without restrictions.

Source: Data on file. Lilly USA, LLC. DOF-MR-US-0040 as of 01/27/2025 and is subject to change without notice by a health plan or state. Please contact the plan or state for the most current information. Formulary data is from MMIT, LLC. Not all prescriptions can be linked to a Payer or Formulary; therefore, this is not a guarantee of any individual patient's coverage or payment (partial or full). Actual benefits are determined by each plan administrator in accordance with its respective policy and procedures. This list may not be an exhaustive list of all plans in your area and the coverage of other plans in your area may vary. Employers and employer groups may also offer additional benefit designs that may be different than described. The company/plan names listed do not imply their endorsement of Lilly USA, LLC, or the product(s) referenced. Lilly USA, LLC, does not endorse any particular plan. Other product and company names mentioned herein are the trademark of their respective owners.

Commercially insured patients could be eligible to save on their Omvoh prescription

$5 per treatment[b] If your patients have **commercial drug insurance that covers Omvoh**, they may be eligible to pay as little as $5 per treatment.

$0 per treatment[b] If your patients have **commercial drug insurance that does not cover Omvoh**, they may be eligible to pay as little as $0 per treatment.

Treatment is defined as one infusion or one 28-day supply of injections.
[b]Governmental beneficiaries excluded; terms and conditions apply, which can be found at https://omvoh.lilly.com/hcp/savings-support#savings-program

INDICATIONS

Omvoh is an interleukin-23 antagonist indicated for adults with:

- moderately to severely active ulcerative colitis
- moderately to severely active Crohn's disease

SELECT IMPORTANT SAFETY INFORMATION: CONTRAINDICATIONS

Omvoh is contraindicated in patients with a history of serious hypersensitivity reaction to mirikizumab-mrkz or any of the excipients.

Please see the back of this page for Important Safety Information and see accompanying Prescribing Information and Medication Guide for Omvoh. Please see Instructions for Use included with the device.

Terms and Conditions:

Subject to Lilly USA, LLC's ("Lilly's") right to terminate, rescind, revoke, or amend the Omvoh (mirikizumab-mrkz) Savings Card Program ("Program") and the Omvoh Savings Card("Card") eligibility criteria, and terms and conditions, the Program expires and savings end on 06/30/2028 or for up to 30 months whichever comes first. **Program savings are not available to patients without commercial drug insurance or whose claims for Omvoh are eligible to be reimbursed, in whole or in part, by any state, federal, or government funded healthcare program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any prescription drug assistance program.**

Program savings for Omvoh infusion

Card savings are subject to monthly and annual maximum savings, outlined below. With coverage for Omvoh: You must have commercial drug insurance that covers Omvoh and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as $5 for each infusion. The Program will cover your co-pay or coinsurance for Omvoh, less $5, up to the maximum monthly, annual, and lifetime limits outlined below. Program may provide support for infusions with a date of service that falls within 120 days prior to the date the enrollment form is received by the Program. To receive Program savings, your healthcare provider must submit a claim for coverage to your medical insurance provider. Without coverage for Omvoh: You must have commercial drug insurance without coverage for Omvoh, a prescription for an approved use consistent with FDA-approved product labeling and be enrolled in the Program on or before the date of the infusion to pay as little as $0 for each infusion. To receive Program savings, your healthcare provider must submit a prior authorization (PA) request for Omvoh to your insurance provider before initiating treatment with Omvoh and provide the results of the PA demonstrating your insurance provider has denied coverage. Subject to Lilly USA, LLC's ("Lilly") right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason. Savings may continue until 06/30/2028 or for up to 30 months whichever comes first, provided you continue to meet the Program's terms and conditions, and you first utilize the Program benefits no later than 12/31/2025.

Program savings for Omvoh injections

Card savings are subject to a monthly and annual maximum savings, outlined below. With coverage for Omvoh: You must have commercial drug insurance that covers Omvoh and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as $5 per month for Omvoh injections. Month is defined as 28-days and up to 1 fill. Without coverage for Omvoh: You must have commercial drug insurance without coverage for Omvoh and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as $0 per month for Omvoh injections. Month is defined as 28-days and up to 1 fill. To receive Program savings, your healthcare provider must submit a prior authorization (PA) request for Omvoh to your insurance provider prior to your 1st fill, an appeal prior to your 5th fill, and a PA prior to your 13th fill and provide the results of each demonstrating your insurance provider has denied coverage.

MONTHLY AND ANNUAL MAXIMUM SAVINGS: For patients with commercial drug insurance with coverage for Omvoh: Program savings for claims covered under the medical and/or pharmacy portion of your medical insurance for Omvoh are limited up to 3 infusions over the lifetime of the Program and up to 14 injection fills per calendar year, subject to a combined (injection and infusion) maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges and separate maximum annual savings of $9,200 for each calendar year. Monthly and annual maximums are set at Lilly's absolute discretion and may be changed by Lilly with or without notice. For patients with commercial drug insurance without coverage for Omvoh: Program savings for claims not covered under the medical and/or pharmacy portion of your medical insurance are limited up to 3 infusions over the lifetime of the Program and up to 14 injection fills for each calendar year, subject to a combined (injection and infusion) maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges and a separate annual maximum savings. Monthly and annual maximums are set at Lilly's absolute discretion and may be changed by Lilly with or without notice.

ADDITIONAL TERMS AND CONDITIONS: You are responsible for any applicable taxes, fees, and any amount that exceeds the monthly or annual maximum savings. Participation in the Program requires a valid patient HIPAA authorization. Card activation is required. This Program may be terminated, rescinded, revoked, or amended by Lilly USA, LLC at any time without notice and for any reason. Subject to additional terms and conditions. Eligibility criteria and terms and conditions for the Omvoh Savings Card may change from time to time at Lilly's sole discretion and for any reason; the most current version can be found https://www.omvoh.lilly.com/savings-support. Program benefits void where prohibited by law. **THIS CARD IS NOT INSURANCE**.

INDICATIONS

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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS - Omvoh is contraindicated in patients with a history of serious hypersensitivity reaction to mirikizumab-mrkz or any of the excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylaxis during intravenous infusion, have been reported with Omvoh administration. Infusion-related hypersensitivity reactions, including mucocutaneous erythema and pruritus, were reported during induction. If a severe hypersensitivity reaction occurs, discontinue Omvoh immediately and initiate appropriate treatment.

Infections

Omvoh may increase the risk of infection. Do not initiate treatment with Omvoh in patients with a clinically important active infection until the infection resolves or is adequately treated. In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing Omvoh. Instruct patients to seek medical advice if signs or symptoms of clinically important acute or chronic infection occur. If a serious infection develops or an infection is not responding to standard therapy, monitor the patient closely and do not administer Omvoh until the infection resolves.

Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with Omvoh. Do not administer Omvoh to patients with active TB infection. Initiate treatment of latent TB prior to administering Omvoh. Consider anti-TB therapy prior to initiation of Omvoh in patients with a history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Monitor patients for signs and symptoms of active TB during and after Omvoh treatment. In clinical trials, subjects were excluded if they had evidence of active TB, a history of active TB, or were diagnosed with latent TB at screening.

Hepatotoxicity

Drug-induced liver injury in conjunction with pruritus was reported in a clinical trial subject following a longer than recommended induction regimen. Omvoh was discontinued. Liver test abnormalities eventually returned to baseline. Evaluate liver enzymes and bilirubin at baseline and for at least 24 weeks of treatment. Monitor thereafter according to routine patient management. Consider other treatment options in patients with evidence of liver cirrhosis. Prompt investigation of the cause of liver enzyme elevation is recommended to identify potential cases of drug-induced liver injury. Interrupt treatment if drug-induced liver injury is suspected, until this diagnosis is excluded. Instruct patients to seek immediate medical attention if they experience symptoms suggestive of hepatic dysfunction.

Immunizations

Avoid use of live vaccines in patients treated with Omvoh. Medications that interact with the immune system may increase the risk of infection following administration of live vaccines. Prior to initiating therapy, complete all age-appropriate vaccinations according to current immunization guidelines. No data are available on the response to live or non-live vaccines in patients treated with Omvoh.

ADVERSE REACTIONS

Most common adverse reactions associated with Omvoh (≥2% of subjects and at a higher frequency than placebo) in ulcerative colitis treatment are upper respiratory tract infections and arthralgia during the induction study (UC-1), and upper respiratory tract infections, injection site reactions, arthralgia, rash, headache, and herpes viral infection during the maintenance study (UC-2).

Most common adverse reactions associated with Omvoh in the Crohn's disease study (CD-1) (≥5% of subjects and at a higher frequency than placebo) are upper respiratory tract infections, injection site reactions, headache, arthralgia, and elevated liver tests.

Omvoh injection is available as a 300 mg/15 mL solution in a single-dose vial for intravenous infusion, and as a 100 mg/mL solution or a 200 mg/2 mL solution in a single dose prefilled pen or prefilled syringe for subcutaneous injection. Refer to the Prescribing Information for dosing information.

MR HCP ISI CD APP

Please see accompanying Prescribing Information and Medication Guide for Omvoh. Please see Instructions for Use included with the device.

DoD=U.S. Department of Defense; FDA=U.S. Food and Drug Administration; FFS=fee for service; HIPAA=Health Insurance Portability and Accountability Act; PBM=pharmacy benefit manager; VA=U.S. Department of Veterans Affairs

References: 1. Omvoh. Prescribing Information. Lilly USA, LLC. **2.** Data on file. Lilly USA, LLC. DOF-MR-US-0040.

PP-MR-US-1195 03/2025 Printed in USA. ©Lilly USA, LLC 2025. All rights reserved. 429447

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