

Eli Lilly and Company 300 mg / 15 mL IV vial + 100 mg / 1 mL SC pen Anti-IL-23p19 for UC + Crohn's **Reviewed:** May 22, 2026 **ASP:** Q2 2026

<b>HCPCS</b> <b>J2267</b> 1 mg = 1 unit	<b>IV INDUCTION</b> <b>300 units</b> 300 mg IV · wk 0/4/8 · 1 vial	<b>SC MAINTENANCE</b> <b>200 units</b> 200 mg SC q4w · 2 pens	<b>ADMIN CPT</b> <b>96365</b> IV +96366 / SC = 96372	<b>MEDICARE ASP+6%</b> <b>\$42.092</b> /mg · \$12,627.60/300 mg
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### CODES & NDC

<b>HCPCS</b>	J2267 — "Inj, mirikizumab-mrkz, 1 mg" (1 mg = 1 unit; both formulations bill under same code)
<b>NDC IV VIAL</b>	00002-7544-01 — 300 mg / 15 mL SDV (20 mg/mL) · N4 qualifier
<b>NDC SC PEN</b>	00002-7629-11 — 100 mg / 1 mL single-dose pen (2 pens per 200 mg dose)
<b>MANUFACTURER</b>	Eli Lilly and Company (labeler 0002)
<b>BENEFIT</b>	IV induction = medical; SC maintenance = pharmacy OR medical (payer-specific)

- ### DOSING — UC + CROHN'S
- Induction:** 300 mg IV at weeks 0, 4, 8 (3 doses, ≥30-min infusion)
  - Maintenance:** 200 mg SC every 4 weeks from week 12 (2 × 100 mg pens)
  - Same regimen for ulcerative colitis (FDA Oct 2023) and Crohn's disease (FDA Jan 2025)
  - No premed required — non-chemo biologic
  - Year-1 total: 900 IV induction units + ~2,600 SC maintenance units

### ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	IV induction primary (30–60 min, non-chemo)
96366	Each additional hour beyond 60 min (rare)
96372	SC maintenance in-office (medical benefit)
96413/96415	<b>NOT appropriate</b> — non-chemo biologic

**Modifiers:** JZ on virtually every claim (SDV, no waste). JW only if partial vial/pen discarded. One of JZ/JW required on every J2267 claim since 7/1/2023.

### SITE OF CARE

SETTING	POS	NOTES
Physician office	11	<b>Preferred</b> (IV + SC)
Ambulatory infusion	49	<b>Preferred</b> for IV induction
Hospital outpatient	19/22	UHC/Aetna disfavor after dose 1
Patient home (SC)	12	Self-injection via specialty pharmacy

### ICD-10 — UC (K51.X)

CODE	FOR
K51.00 / K51.01x	Pancolitis
K51.20 / K51.21x	Proctitis
K51.30 / K51.31x	Rectosigmoiditis
K51.50 / K51.51x	Left-sided colitis
K51.90 / K51.91x	UC unspecified (use only when extent undocumented)

### ICD-10 — CROHN'S (K50.X)

CODE	FOR
K50.00 / K50.01x	Crohn's small intestine
K50.10 / K50.11x	Crohn's large intestine
K50.80 / K50.81x	Crohn's both
K50.90 / K50.91x	Crohn's unspecified

**NOT covered:** L40.x (psoriasis), M07.x (PsA), pediatric. Adult UC + Crohn's only.

### PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP / SC ROUTING
UHC	Yes	Step from anti-TNF or Entyvio; SC via OptumRx
Aetna	Yes	Step from anti-TNF or anti-integrin; SC pharmacy preferred
Cigna / Evernorth	Yes	Step from anti-TNF (Stelara sometimes); Accredo for SC
BCBS	Yes	Plan-specific; aligned with AGA/ACG guidelines
Medicare	Generally no	No step therapy; Part B if office-admin, Part D if home SC

**Document UC/Crohn's severity:** Mayo score (UC), CDAI/SES-CD (Crohn's), CRP, fecal calprotectin, endoscopy/histology.

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	<b>\$42.092 / mg</b> (effective 4/1 – 6/30/2026)
300 mg IV dose	<b>\$12,627.60</b> (300 × \$42.092)
3-dose IV induction	~\$37,882.80
200 mg SC maint dose	~\$8,418.40 (if medical benefit)
Annual (3 IV + ~13 SC)	~\$147,322 drug-only

## TOP DENIALS

- 96413/96415 used instead of 96365 (chemo admin reflex)
- NDC mismatch — SC pen NDC on IV claim or vice versa
- SC routing confusion — medical vs pharmacy benefit dispute
- Step therapy missing — no prior anti-TNF doc
- Wrong ICD-10 (L40.x psoriasis dx submitted)
- SC maintenance gap at wk 12 (pharmacy PA not parallel-filed)
- Crohn's claim denied pre-2025 policy update (cite Jan 15, 2025 FDA approval)

## PATIENT ASSISTANCE — LILLY PATIENT ONE

- **Phone:** 1-866-472-8663 (1-866-4-PATIENT)
- **OmvoH Savings Card:** commercial patients \$5/dose with annual cap (excludes Medicare/Medicaid)
- **Lilly Cares PAP:** free product for uninsured/underinsured (typically ≤500% FPL)
- **Medicare patients:** PAF, HealthWell, IBD-specific funds (verify quarterly)
- **Web:** omvoh.com · lillypatientone.com · lillycares.com

Sources: Lilly Omvoh PI (current FDA label), CMS ASP Q2 2026, UHC/Aetna/Cigna medical drug policies, FDA approval announcements (Oct 26, 2023 UC; Jan 15, 2025 Crohn's), LUCENT-1/2 and VIVID-1 trials, AGA/ACG IBD guidelines, Lilly Patient One.

[carecostestimate.com/drugs/omvoh](https://www.carecostestimate.com/drugs/omvoh)