

SPECIALTY GUIDELINE MANAGEMENT

CIMZIA (certolizumab pegol)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Moderately to severely active rheumatoid arthritis (RA)
2. Active psoriatic arthritis (PsA)
3. Active ankylosing spondylitis (AS)
4. Moderately to severely active Crohn's disease (CD)

B. Compendial Uses

1. Axial spondyloarthritis

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. **Moderately to severely active rheumatoid arthritis (RA)**

1. Authorization of 24 months may be granted for members who have received Cimzia or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) indicated for moderately to severely active rheumatoid arthritis in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Cimzia.
2. Authorization of 24 months may be granted for treatment of moderately to severely active RA when any of the following criteria is met:
 - a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
 - b. Member has an intolerance or contraindication to methotrexate (see Appendix A).

B. **Active psoriatic arthritis (PsA)**

Authorization of 24 months may be granted for treatment of active psoriatic arthritis (PsA).

C. **Active ankylosing spondylitis (AS) and axial spondyloarthritis**

1. Authorization of 24 months may be granted for members who have received Cimzia or any other biologic DMARD indicated for active ankylosing spondylitis in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Cimzia.
2. Authorization of 24 months may be granted for treatment of active ankylosing spondylitis and axial spondyloarthritis when any of the following criteria is met:
 - a. Member has experienced an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAIDs) over a 4-week period in total at maximum recommended or tolerated anti-inflammatory dose.
 - b. Member has an intolerance and/or contraindication to two or more NSAIDs (see Appendix B).

D. **Moderately to severely active Crohn's disease (CD)**

1. Authorization of 24 months may be granted for members who have received Cimzia or any other biologic indicated for the treatment of Crohn's disease in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Cimzia.
2. Authorization of 24 months may be granted for treatment of moderately to severely active CD when the member has an inadequate response, intolerance or contraindication to at least one conventional therapy option (see Appendix C).

III. CONTINUATION OF THERAPY

Authorization of 24 months may be granted for all members (including new members) who meet all initial authorization criteria and achieve or maintain positive clinical response after at least 3 months of therapy with Cimzia as evidenced by low disease activity or improvement in signs and symptoms of the condition.

IV. OTHER

For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).

Note: Members who have received Cimzia or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) in a paid claim through a pharmacy or medical benefit within the previous 120 days of the continuation request are exempt from requirements related to TB screening in this Policy.

V. APPENDICES

Appendix A: Examples of Contraindications to Methotrexate

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy (male or female)
10. Renal impairment
11. Significant drug interaction

Appendix B: Examples of Contraindications to the Use of NSAIDs

1. Allergic-type reaction following aspirin or other NSAID administration
2. Asthma
3. Gastrointestinal bleeding
4. History of intolerance or adverse event
5. Significant drug interaction
6. Urticaria

Appendix C: Examples of Conventional Therapy Options for CD

1. Mild to moderate disease – induction of remission:
 - a. Oral budesonide, oral mesalamine
 - b. Alternatives: metronidazole, ciprofloxacin, rifaximin
2. Mild to moderate disease – maintenance of remission:
 - a. Azathioprine, mercaptopurine
 - b. Alternatives: oral budesonide, methotrexate intramuscularly (IM)

3. Moderate to severe disease – induction of remission:
 - a. Prednisone, methylprednisolone intravenously (IV)
 - b. Alternatives: methotrexate IM
4. Moderate to severe disease – maintenance of remission:
 - a. Azathioprine, mercaptopurine
 - b. Alternative: methotrexate IM
5. Perianal and fistulizing disease – induction of remission:
 - a. Metronidazole ± ciprofloxacin
6. Perianal and fistulizing disease – maintenance of remission:
 - a. Azathioprine, mercaptopurine
 - b. Alternative: methotrexate IM

VI. REFERENCES

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