

## Pharmacy Policy

# Cimzia (certolizumab pegol)

**Policy Number:** 9.116

**Version Number:** 2.2

**Version Effective Date:** 4/1/2022

### Product Applicability All Plan+ Products

#### Well Sense Health Plan

New Hampshire Medicaid

#### Boston Medical Center HealthNet Plan

MassHealth - MCO

MassHealth - ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Prior Authorization Policy

### Products Affected:

- Cimzia (certolizumab pegol)

The Plan may authorize coverage of the above products for members meeting the following criteria:

<b>Covered Use</b>	All medically accepted indications not otherwise excluded
<b>Exclusion Criteria</b>	Use of Cimzia with other biologic DMARDs
<b>Required Medical Information</b>	Diagnosis of one of the following: <ol style="list-style-type: none"> <li>1. Ankylosing Spondylitis (AS); <b>AND</b> <ol style="list-style-type: none"> <li>a. Documentation* of an inadequate response, intolerance, or contraindication to at least TWO of the following: Enbrel, Humira, Taltz, and Xeljanz/Xeljanz XR [Note: a trial of either or both Xeljanz products collectively counts as ONE product].</li> </ol> </li> <li>2. Active Crohn's Disease (CD); <b>AND</b></li> </ol>

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	<p>a. An inadequate response, intolerance, or contraindication to Humira or a clinical rationale for use of the requested agent instead of Humira.</p> <p>3. Moderate to severe Plaque Psoriasis (Ps); <b>AND</b></p> <p>a. Documentation* of an inadequate response, contraindication, or intolerance to at least TWO of the following: Enbrel, Humira, Otezla, Skyrizi, Stelara SQ, Taltz, and Tremfya</p> <p>4. Psoriatic Arthritis (PsA); <b>AND</b></p> <p>a. Documentation* of an inadequate response, intolerance, or contraindication to at least two of the following: Enbrel, Humira, Otezla, Rinvoq, Skyrizi, Stelara SQ, Taltz, Tremfya and Xeljanz [Note: a trial of either or both Xeljanz products collectively counts as ONE product]</p> <p>5. Rheumatoid Arthritis (RA); <b>AND</b></p> <p>a. Documentation* of an inadequate response, intolerance, or contraindication to at least TWO of the following: Enbrel, Humira, Rinvoq, Xeljanz, and Actemra [Note: a trial of either or both Xeljanz products collectively counts as ONE product]</p> <p>6. Non-Radiographic axial spondyloarthritis (nr-axSpA); <b>AND</b></p> <p>a. There is active inflammation of the sacroiliac joints; <b>AND</b></p> <p>b. An inadequate response or intolerance to at least TWO non-steroidal anti-inflammatory drugs (NSAIDs) at up to maximally indicated doses, each used for at least 4 weeks unless NSAIDs are contraindicated.</p> <p>* Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts</p>
<b>Age Restrictions</b>	18 years of age and older
<b>Prescriber Restriction</b>	CD: Prescribed by or in consultation with a gastroenterologist AS, nr-axSpA, RA: Prescribed by or in consultation with a rheumatologist Ps, PsA: Prescribed by or in consultation with a dermatologist or rheumatologist
<b>Coverage Duration</b>	12 months

**Applicable Coding:**

Code	Medication
J0717	Cimzia® (certolizumab pegol)

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## Clinical Background Information and References

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Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

## Policy Revisions History

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## Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	9.179 Cimzia Policy retired, new policy created. Changed requirement for PsA from two to three months to reflect EULAR guidelines, removed MRI requirement for nr-axSpA, added prescriber restriction for nr-axSpA, updated Crohn's Disease T/F requirements to match Humira	1/1/2021	P&T Committee
5/24/2021	Update criteria to align with ESI criteria.	7/1/2021	P&T Committee
8/12/2021	P&T Annual Review. Updated or removed trial/failure criteria to align with other policies. Removed reauthorization criteria.	1/1/2022	P&T Committee
1/20/2022	Updated policy to realign with ESI ICCV policy	3/1/2022	P&T Committee
3/7/2022	Updated policy to realign with ESI ICCV policy designation of Skyrizi PsA preferred status	4/1/2022	P&T Committee

### Next Review Date

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8/2022

### Other Applicable Policies

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### Reference to Applicable Laws and Regulations, If Any

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#### Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

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Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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