

Reference number(s)
4703-A

Standard Medicare Part B Management

Cimzia

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-The-Counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Cimzia	certolizumab pegol

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.

FDA-Approved Indications

- Reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.
- Treatment of adults with moderately to severely active rheumatoid arthritis.
- Treatment of active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older.
- Treatment of adult patients with active psoriatic arthritis.
- Treatment of adults with active ankylosing spondylitis.
- Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation.
- Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

Compendial Uses

Immune checkpoint inhibitor-related toxicity – inflammatory arthritis

Reference number(s)
4703-A

Documentation

The following documentation must be available, upon request, for all submissions:

Crohn's disease (CD), rheumatoid arthritis (RA), polyarticular juvenile idiopathic arthritis (pJIA), psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), plaque psoriasis (PsO), and immune checkpoint inhibitor-related toxicity

For continuation requests: Chart notes or medical record documentation supporting benefit of therapy.

Coverage Criteria

Crohn's Disease (CD)

Authorization of 12 months may be granted for treatment of moderately to severely active Crohn's disease.

Rheumatoid Arthritis (RA)

Authorization of 12 months may be granted for treatment of moderately to severely active rheumatoid arthritis.

Polyarticular juvenile idiopathic arthritis (pJIA)

Authorization of 12 months may be granted for treatment of active polyarticular juvenile idiopathic arthritis.

Psoriatic Arthritis (PsA)

Authorization of 12 months may be granted for treatment of active psoriatic arthritis.

Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (nr-axSpA)

Authorization of 12 months may be granted for treatment of active ankylosing spondylitis and active non-radiographic axial spondyloarthritis.

Plaque Psoriasis (PsO)

Authorization of 12 months may be granted for treatment of moderate to severe plaque psoriasis.

Immune Checkpoint Inhibitor-Related Toxicity

Authorization of 12 months may be granted for treatment of immune checkpoint inhibitor-related toxicity when the member has moderate or severe immunotherapy-related inflammatory arthritis.

Reference number(s)
4703-A

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

All Indications

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with Cimzia.
- Cimzia is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Cimzia.
- The available compendium
 - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
 - Micromedex DrugDex
 - American Hospital Formulary Service- Drug Information (AHFS-DI)
 - Lexi-Drugs
 - Clinical Pharmacology
- 2016 Update of the international ASAS-EULAR management recommendations for axial spondyloarthritis.
- EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update.
- 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis.
- American College of Rheumatology 2008 recommendations for the use of nonbiologic and biologic disease-modifying antirheumatic drugs in rheumatoid arthritis.
- Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 6: Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions.
- European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies; 2019 update.
- Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA): updated treatment recommendations for psoriatic arthritis 2021.
- 2010 update of the ASAS/EULAR recommendations for the management of ankylosing spondylitis.
- 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis.

Reference number(s)
4703-A

- An evidence-based systematic review on medical therapies for inflammatory bowel disease.
- ACG Clinical Guideline: Management of Crohn's Disease in Adults.
- Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics.
- 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis.
- Joint AAD-NPF guidelines of care for the management and treatment of psoriasis in pediatric patients.
- Joint AAD-NPF guidelines of care for the management of psoriasis with systemic nonbiologic therapies.
- 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative.
- AGA Clinical Practice Guidelines on the Medical Management of Moderate to Severe Luminal and Perianal Fistulizing Crohn's Disease.
- Guidelines of Care for the Management and Treatment of Psoriasis with Topical Therapy and Alternative Medicine Modalities for Psoriasis Severity Measures.
- 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis.
- 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis.
- 2021 American College of Rheumatology guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for oligoarthritis, temporomandibular joint arthritis, and systemic juvenile idiopathic arthritis.

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Cimzia are covered.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

References

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Reference number(s)
4703-A

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14. Lichtenstein GR, Loftus Jr EV, Isaacs KI, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol.* 2018;113:481-517.
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Reference number(s)
4703-A

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