BlueCross BlueShield
Federal Employee Program
Federal Employee Program®
750 9th St NW
Washington, D.C. 20001
202.942.1000
Fax 202.942.1125

5.50.011

Section:	Prescription Drugs	**Effective Date:**	April 1, 2024
Subsection:	Gastrointestinal Agents	**Original Policy Date:**	November 15, 2013
Subject:	Cimzia	**Page:**	1 of 13

Last Review Date: March 8, 2024

Cimzia

Description

Cimzia (certolizumab pegol)

Background
Cimzia (certolizumab pegol) is a tumor necrosis factor-alpha (TNF-α) blocker. Tumor necrosis factor is an endogenous protein that regulates a number of physiologic processes, including the inflammation response associated with some autoimmune inflammatory diseases (1).

Regulatory Status
FDA-approved indications: Cimzia is a tumor necrosis factor (TNF) blocker indicated for: (1)

1. 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
2. Treatment of adults with moderately to severely active rheumatoid arthritis
3. Treatment of adult patients with active psoriatic arthritis
4. Treatment of adult patients with active ankylosing spondylitis
5. Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation
6. Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy

Cimzia carries boxed warnings regarding serious infections and malignancies. Because Cimzia suppresses the immune system, patients are at a greater risk for getting serious infections leading to hospitalization or death, including tuberculosis (TB), invasive fungal infections, and

infections due to other opportunistic pathogens. Lymphoma and other malignancies have been reported in children and adolescent patients treated with TNF blockers. Cimzia is not indicated for use in pediatric patients (1).

Patients should be screened for latent tuberculosis infection. Patients at risk for hepatitis B virus (HBV) infection should be evaluated for evidence of prior HBV infection. Hepatitis B virus carriers should be monitored for reactivation during and several months after therapy. Cimzia should not be used in combination with other biologic agents. Cimzia should not be initiated in patients with an active infection. Cimzia should be discontinued if a patient develops a serious infection during treatment (1).

Pancytopenia, aplastic anemia, lupus-like syndrome, anaphylaxis reactions, and congestive heart failure (new onset or worsening) may develop during Cimzia therapy and therapy should be discontinued (1).

The use of Cimzia in combination with other biological DMARDs is not recommended. Serious infections may occur with concurrent use of anakinra (an interleukin-1 antagonist) and another TNF blocker, etanercept. There is a higher risk of serious infections in the combination use of TNF blockers with abatacept and rituximab. Because of the nature of the adverse events seen with this combination therapy, similar toxicities may also result from the use of Cimzia in this combination. Therefore, the use of Cimzia in combination with other biological DMARDs is not recommended (1).

The safety and effectiveness of Cimzia in pediatric patients have not been established (1).

Related policies
Enbrel, Humira, Infliximab, Simponi

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Cimzia may be considered **medically necessary** if the conditions indicated below are met.

Cimzia may be considered **investigational** for all other indications.

Prior-Approval Requirements

Cimzia Lyophilized Powder submitted under the medical benefit is not subject to biologic step edits.

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Moderate to severe Crohn's disease (CD)
    a. Inadequate treatment response, intolerance or contraindication to at least **ONE** conventional therapy option (see Appendix 1)
    b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 400 mg every 4 weeks
    c. Patient **MUST** have tried Humira if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

2. Moderate to severely active rheumatoid arthritis (RA)
    a. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 3)
    b. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks
    c. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

3. Active psoriatic arthritis (PsA)
    a. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional DMARD (see Appendix 3)
    b. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks
    c. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid

medical exception (e.g., inadequate treatment response, intolerance, contraindication)

4. Active ankylosing spondylitis (AS)
    a. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
    b. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks
    c. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

5. Active non-radiographic axial spondyloarthritis (nr-axSpA)
    a. Patient has objective signs of inflammation
    b. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
    c. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks

6. Moderate to severe plaque psoriasis (PsO)
    a. Inadequate treatment response, intolerance, or contraindication to either conventional systemic therapy (see Appendix 3) or phototherapy
        i. If the patient is intolerant or contraindicated to one therapy then the patient must have an inadequate response, intolerance, or contraindication to the other treatment option
    b. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every other week
    c. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND ALL of the following for **ALL** diagnoses:

1. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB

2. Patient is not at risk for HBV infection **OR** patient is at risk for HBV infection and HBV infection has been ruled out or treatment for HBV infection has been initiated.
3. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
4. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 3)
5. **NOT** given concurrently with live vaccines

Prior – Approval *Renewal* Requirements

***Cimzia Lyophilized Powder submitted under the medical benefit is not subject to biologic step edits*.**

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Crohn's disease (CD)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks
    b. Patient **MUST** have tried Humira if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

2. Rheumatoid arthritis (RA)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks
    b. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

3. Psoriatic arthritis (PsA)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks
    b. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid

medical exception (e.g., inadequate treatment response, intolerance, contraindication)

4. Ankylosing spondylitis (AS)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks
    b. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

5. Non-radiographic axial spondyloarthritis (nr-axSpA)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every 4 weeks

6. Plaque psoriasis (PsO)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 400 mg every other week
    b. Patient **MUST** have tried the preferred product(s) (see Appendix 4) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND ALL of the following for **ALL** diagnoses:

1. Condition has improved or stabilized with Cimzia
2. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
3. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 3)
4. **NOT** given concurrently with live vaccines

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Diagnosis	Starter Pack	Strength	Quantity
Ankylosing Spondylitis	**Yes**	200 mg	1 starter pack and 6 units per 84 days
Crohn's Disease			
Psoriatic Arthritis			
Rheumatoid Arthritis			
Non-radiographic Axial Spondyloarthritis			
Plaque Psoriasis	**Yes**	200 mg	1 starter pack and 12 units per 84 days

Duration 12 months

Prior – Approval *Renewal* Limits

Quantity

Diagnosis	Strength	Quantity
Ankylosing Spondylitis	200 mg	6 units per 84 days
Crohn's Disease		
Psoriatic Arthritis		
Rheumatoid Arthritis		
Non-radiographic Axial Spondyloarthritis		
Plaque Psoriasis	200 mg	12 units per 84 days

Duration 18 months

Rationale

Summary
Cimzia (certolizumab pegol) is a tumor necrosis factor (TNF) blocker indicated for rheumatoid arthritis (RA), psoriatic arthritis (PsA), plaque psoriasis (PsO), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and Crohn's disease (CD). Cimzia may be used as monotherapy or concurrently with non-biological disease modifying anti-rheumatic drugs (DMARDs). Cimzia should not be used in combination with other biological DMARDs or other

tumor necrosis factor (TNF) blockers. Cimzia carries boxed warnings regarding increased risk of serious infections and malignancies. The safety and effectiveness of Cimzia in pediatric patients have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Cimzia while maintaining optimal therapeutic outcomes.

References

1. Cimzia [package insert]. Smyrna, GA: UCB, Inc.; December 2022.

Policy History

Date	Action
October 2013	Addition to PA
December 2013	Annual editorial review by the PMPC
September 2014	Annual editorial review and renewal limit to 18 months
December 2015	Annual editorial review and removed moderated to severely active from renewal diagnoses
September 2016	Annual review and reference update Addition of not given concurrently with live vaccines per SME Policy number change 5.18.05 to 5.50.11
December 2016	Annual editorial review
March 2017	Annual review
December 2017	Annual editorial review and reference update Addition of prescriber will be dosing the patient within the FDA labeled dose of 400 mg every 4 weeks
March 2018	Annual editorial review and reference update Addition of List of DMARDs appendix
June 2018	Addition of the diagnosis of plaque psoriasis Addition of additional requirements to initiation criteria For diagnoses of RA: Inadequate response, intolerance, or contraindication to a 3-month trial of at least ONE conventional DMARD For diagnoses of CD: inadequate treatment response, intolerance, or contraindication to at least one conventional systemic therapy For diagnosis of AS: inadequate response, intolerance, or contraindication to at least 2 NSAIDs For diagnosis of PsA: inadequate response, intolerance or contraindication to a 3-month trial of at least ONE conventional DMARD Addition of List of Conventional Therapies, and Examples of Contraindications to Methotrexate appendices
September 2018	Annual editorial review and reference update

March 2019	Annual review
April 2019	Addition of indication: non-radiographic axial spondyloarthritis
June 2019	Annual review
September 2019	Annual review and reference update
December 2019	Annual review. Addition of requirement to trial preferred product
March 2020	Annual review and reference update
September 2020	Annual review
December 2020	Added Appendix 4 with a list of preferred medications based on diagnosis and plan. Added PA quantity limits
January 2021	Updated t/f options for CD to include trial of Humira first per FEP
March 2021	Annual editorial review. Clarification added to the t/f, intolerance, C/I to preferred products requirement indicating that it only applies to claims adjudicated through the pharmacy benefit. Updated Appendix 3.
June 2021	Annual editorial review
January 2022	Added Rinvoq as a preferred PsA product to chart (Appendix 4)
March 2022	Annual review. Added Skyrizi as a preferred PsA product to chart (Appendix 4)
May 2022	Added Rinvoq as a preferred AS product to chart (Appendix 4)
June 2022	Annual review
July 2022	Added Skyrizi as a preferred CD product to chart (Appendix 4). Also, added that Cimzia Lyophilized Powder submitted under the medical benefit is not subject to biologic step edits
September 2022	Annual review
December 2022	Annual review
March 2023	Annual review and reference update
June 2023	Annual review
March 2024	Annual editorial review. Revised FDA dosing language

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.

Appendix 1 - List of Conventional Therapies

Conventional Therapy Options for CD
1. Mild to moderate disease – induction of remission: a. Oral budesonide, oral mesalamine b. Alternatives: metronidazole, ciprofloxacin
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 c. Metronidazole ± ciprofloxacin
6. Perianal and fistulizing disease – maintenance of remission d. Azathioprine, mercaptopurine e. Alternative: methotrexate IM

Appendix 2 – Examples of Contraindications to Methotrexate

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 3 - List of DMARDs

Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytoxan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade/Avsola/Inflectra/Renflexis
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan/Riabni/Ruxience/Truxima
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla

baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

Appendix 4 - List of Preferred Products

Diagnosis	Standard Option/Basic Option Preferred Products	Blue Focus Preferred Products
Ankylosing spondylitis (AS)	*must try **TWO** preferred products: Enbrel Humira** Rinvoq Taltz	*must try **ONE** preferred product: Enbrel Humira**
Crohn's disease (CD)	*must try **Humira** first: Humira** Rinvoq Skyrizi Stelara (SC)	Humira**
Plaque psoriasis (PsO)	*must try **TWO** preferred products: Enbrel Humira** Otezla Skyrizi Stelara (SC) Taltz Tremfya	*must try **ONE** preferred product: Enbrel Humira**
Psoriatic arthritis (PsA)	*must try **TWO** preferred products: Enbrel Humira** Otezla Rinvoq Skyrizi Stelara (SC) Taltz Tremfya Xeljanz/XR	*must try **ONE** preferred product: Enbrel Humira**
Rheumatoid arthritis (RA)	*must try **TWO** preferred products Actemra (SC) Enbrel Humira** Rinvoq Xeljanz/XR	*must try **ONE** preferred product: Enbrel Humira**

**Including all preferred biosimilars (see reference product criteria)