

Cimzia (certolizumab pegol)
Effective 05/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Cimzia (certolizumab pegol) is a tumor necrosis factor (TNF) blocker indicated for:

- Moderately to severely active rheumatoid arthritis (RA) in adults
- Moderate to severe Plaque Psoriasis (PsO)
- Active psoriatic arthritis (PsA) in adults
- Active ankylosing spondylitis (AS) in adults
- Axial spondyloarthritis, nonradiographic with objective signs of inflammation in adults
- Moderately to severely active Crohn's disease (CD) in adults
- Active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all the following diagnosis-specific criteria are met:

Moderately to severely active rheumatoid arthritis (RA)

1. Diagnosis of moderately to severely active rheumatoid arthritis (RA)
2. The member has a minimum duration of 3-month trial and failure, contraindication, or intolerance to ONE of the following conventional therapies at maximally tolerated doses:
 - a. Methotrexate
 - b. Leflunomide
 - c. Sulfasalazine

Moderate to severe plaque psoriasis (PsO)

1. Diagnosis of moderate to severe plaque psoriasis (PsO)
2. Member has at least 3% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected

3. Member meets ONE of the following criteria:
 - a. Minimum duration of 4-week trial and failure, contraindication, or intolerance to ONE of the following topical therapies
 - i. Corticosteroids (e.g., betamethasone, clobetasol)
 - ii. Vitamin D analogs (e.g., calcitriol, calcipotriene)
 - iii. Tazarotene
 - iv. Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
 - v. Anthralin
 - vi. Coal tar
 - b. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy.

Active psoriatic arthritis (PsA)

1. Diagnosis of active psoriatic arthritis (PsA)
2. The member meets ONE of the following:
 - a. Actively inflamed joints
 - b. Dactylitis
 - c. Enthesitis
 - d. Axial disease
 - e. Active skin and/or nail involvement

Active ankylosing spondylitis (AS)

1. Diagnosis of active ankylosing spondylitis
2. Member has minimum duration of 1-month trial and failure, contraindication, or intolerance to TWO different non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.

Non-radiographic Axial Spondyloarthritis

1. The member has a diagnosis of active non-radiographic axial spondyloarthritis
2. Member has objective signs of inflammation (e.g., C-reactive protein [CRP] levels above the upper limit of normal and/or sacroiliitis on magnetic resonance imaging [MRI], indicative of inflammatory disease but without definitive radiographic evidence of structural damage on sacroiliac joints)
3. Member has minimum duration of 1-month trial and failure, contraindication, or intolerance to TWO different non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.

Moderately to severely active Crohn's disease (CD)

1. Diagnosis of moderately to severely active Crohn's disease (CD)
2. ONE of the following:
 - a. Member has had trial and failure, intolerance, or contraindication to ONE of the following conventional therapies
 - i. 6-mercaptopurine
 - ii. Azathioprine
 - iii. Corticosteroids (e.g., prednisone)
 - iv. Methotrexate
 - b. Disease severity warrants systemic biologic as first-line therapy

Polyarticular juvenile idiopathic arthritis (pJIA)

1. Diagnosis of active polyarticular juvenile idiopathic arthritis (pJIA)



2. The member has a minimum duration of 6-week trial and failure, contraindication, or intolerance to ONE of the following conventional therapies at maximally tolerated doses:
 - a. Leflunomide
 - b. Methotrexate

Continuation of Therapy

Requests for reauthorizations for all diagnoses will be granted when all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) demonstrating an improvement in member’s condition, as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Cimzia 200 mg/mL syringe	2 syringes per 28 days
Cimzia 200 mg/mL vial	2 vials per 28 days
Cimzia Starter Pack	1 pack (6 injections) per 365 days

References

1. Braun J, van den Berg R, Baraliakos X, et al. 2010 update of the ASAS/EULAR recommendations for the management of ankylosing spondylitis. *Ann Rheum Dis.* 2011;70:896–904.
2. Cimzia (certolizumab pegol) [prescribing information]. Smyrna, GA: UCB Inc; September 2024.
3. Gladman DD, Antoni C, P Mease, et al. Psoriatic arthritis: epidemiology, clinical features, course, and outcome. *Ann Rheum Dis.* 2005;64(Suppl II):ii14–ii17.
4. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies; 2015 update. *Ann Rheum Dis.* 2016;75(3):499-510.
5. Landewe R, Braun J, Deodhar A, et al. Efficacy of certolizumab pegol on signs and symptoms of axial spondyloarthritis including ankylosing spondylitis: 24-week results of a double-blind randomised placebo-controlled Phase 3 study. *Ann Rheum Dis.* 2014;73(1):39-47.
6. Lebwohl M, Blauvelt A, Paul C, et al. Certolizumab pegol for the treatment of chronic plaque psoriasis: results through 48 weeks of a phase 3, multicenter, randomized, double-blind, etanercept- and placebo-controlled study (CIMPACT). *J Am Acad Dermatol.* 2018;79(2):266-276
7. Menter A, Korman NJ, Elmets CA, et al. 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. *J Am Acad Dermatol.* 2011;65(1):137-174.
8. Peluso R, Lervolino S, Vitiello M, et al. Extra-articular manifestations in psoriatic arthritis patients. [Published online ahead of print May 8, 2014]. *Clin Rheumatol.* 2014.
9. Saag KG, Teng GG, Patkar NM, et al. American College of Rheumatology 2008 recommendations for the use of nonbiologic and biologic disease-modifying antirheumatic drugs in rheumatoid arthritis. *Arthritis Rheum.* 2008;59(6):762-784.
10. Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis.* 2017;0:1-18.
11. Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. *Am J Gastroenterol.* 2011;106(Suppl 1):S2-S25.



12. van der Heijde D, Ramiro S, Landewe R, et al. 2016 Update of the international ASAS-EULAR management recommendations for axial spondyloarthritis. *Ann Rheum Dis.* 2017;0:1-14.
13. Ward MM, Deodhar A, Akl EA, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol.* 2015: 10.1002/art.39298. [Epub ahead of print].

Review History

11/24/08 – Reviewed

01/05/09 – Implemented

02/22/10 – Reviewed

02/28/11 – Reviewed

02/27/12 – Reviewed

02/25/13 – Reviewed

02/24/14 – Updated

02/23/15 – Updated

02/22/16 – Reviewed

02/27/17 – Adopted SGM & PD

02/26/18 – Updated

06/19/19 – Reviewed

11/20/19 – Added Rinvoq as a trial for RA and Skyrizi for PS

11/01/2020 – Reviewed; Updated for 2021 strategy to be implemented 1/1/2021.

05/19/2021 – Reviewed and Updated for May P&T; Removed Skyrizi as a previous treatment failure for the diagnosis psoriatic arthritis. Effective 08/01/2021.

03/16/2022 – Reviewed and Updated for March P&T; Added Rinvoq and Skyrizi as preferred trial for PsA under pharmacy benefit. Updated Inflectra as preferred agent for Medical benefit. Effective 05/01/2022

09/21/2022 – Reviewed and Updated for Sept P&T; Added Rinvoq as preferred agent under pharmacy benefit for diagnosis of ankylosing spondylitis, Added Skyrizi as preferred agent under pharmacy benefit for diagnosis of Crohn’s Disease. Effective 11/1/22.

07/12/2023 – Reviewed and Updated for July P&T; added Rinvoq as a preferred agent for Crohn’s disease. Effective 8/1/23

11/15/2023- Reviewed and Updated for Nov P&T; removed Medical vs. Pharmacy benefit preferred agents as Cimzia is a preferred agent. Removed Appendix. Removed TB requirement. RA – included sulfasalazine, methotrexate and leflunamide as additional conventional therapies. PsO – changed BSA requirement from 5% to 3%. Updated topical therapies. PsA – removed conventional therapies. Included examples of disease. Ankylosing spondylitis and non-radiographic axial spondylarthritis were separated out. CD – additional conventional therapies added. Effective 1/1/2024

10/9/2024 – Reviewed and updated at October P&T. Added criteria for pJIA. Clarified diagnosis of nr-axSpA is “active.” Effective 1/1/2025.

05/14/2025 – Reviewed and updated at May P&T. Updated criteria for Crohn's disease to remove disease characteristic requirement and allow for approval if disease severity warrants systemic biologic as first-line therapy. Effective 07/01/2025.

10/08/2025 – Reviewed and updated at October P&T. Updated policy to indicate it will no longer apply to the medical benefit. Minor verbiage updates to trial language for ankylosing spondylitis and nr-axSpA; intent remains the same. Effective 01/01/2026.

03/11/2026 – Reviewed and updated for March P&T. Administrative update - changing verbiage in reauthorization criteria from “documentation is submitted” to “submission of medical records (e.g., chart



notes...” and updating language for members who are new to the Plan. Added quantity limit for starter pack to the Limitations section of the policy. Effective 05/01/2026.

