



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Effective Date 7/15/2011
Next Review Date 7/15/2012
Coverage Policy Number 9004

Subject **Certolizumab pegol (Cimzia®)**

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Hyperlink to Related Coverage Policies

Actemra®
 Enbrel®
 Humira®
 Kineret®
 Orencia®
 Remicade®
 Rituxan®
 Simponi™

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

CIGNA covers certolizumab pegol (Cimzia®) as medically necessary for the treatment of active Crohn's disease in adults when EITHER of the following criteria is met:

- history of beneficial clinical response to certolizumab pegol
- failure, contraindication, intolerance, or inadequate response to conventional therapies (i.e. aminosalicylate, corticosteroids, or immunomodulators) **AND** failure or intolerance to Humira

CIGNA covers certolizumab pegol (Cimzia®) as medically necessary for the treatment of active rheumatoid arthritis (RA) in adults for EITHER of the following indications:

- history of a beneficial clinical response to certolizumab pegol
- inadequate response, intolerance, or contraindication to at least one disease-modifying anti-rheumatic drugs (DMARDs) (i.e., Methotrexate (MTX), Azathioprine, gold, Hydroxychloroquine, Leflunomide, Penicillamine, Sulfasalazine) **AND** to **TWO self administered preferred** tumor necrosis factor (TNF) antagonists [adalimumab (Humira®) and etanercept (Enbrel®)]

The dosage, frequency, site of administration, and duration of therapy are reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to certolizumab pegol (Cimzia®) therapy.

FDA Approved Indications

Crohn's Disease

Cimzia is indicated for 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.

Rheumatoid Arthritis

Cimzia is indicated for the treatment of adults with moderately to severely active rheumatoid arthritis (RA).

FDA Recommended Dosing

Crohn's Disease

The recommended initial adult dose of is 400 mg (given as two subcutaneous injections of 200 mg) initially, and at weeks 2 and 4. In patients who obtain a clinical response, the recommended maintenance regimen is 400 mg every four weeks.

Rheumatoid Arthritis

The recommended dose of for adult patients with rheumatoid arthritis is 400 mg (given as two subcutaneous injections of 200 mg) initially and at weeks 2 and 4, followed by 200 mg every other week. For maintenance dosing, 400 mg every 4 weeks can be considered.

Black Box Warning

Individuals treated with Cimzia are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. Cimzia should be discontinued if a patient develops a serious infection or sepsis. The risks and benefits of treatment with Cimzia should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection. Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment including the possible development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy.

Drug Availability

Sterile, white, lyophilized powder for reconstitution and then subcutaneous administration. Each single-use vial provides approximately 200 mg of Cimzia or a single-use, 1 mL pre-filled glass syringe with a fixed 25 gauge ½ inch thin wall needle, providing 200 mg (1 mL) of Cimzia.

General Background

Pharmacology

Certolizumab pegol (Cimzia) is a humanized monoclonal antibody fragment conjugated to polyethylene glycol. Certolizumab pegol blocks the inflammatory cascade by binding to TNF alpha, a pro-inflammatory cytokine that plays a key role in upregulation and activation of inflammatory mediators. Unlike other anti-TNF monoclonal antibodies, certolizumab pegol does not contain the Fc portion of IgG and does not fix complement. It is administered subcutaneously, reaches peak plasma concentration in 54 to 171 hours, and has 14 day half-life.

Guidelines

American College of Rheumatology (ACR)

The American College of Rheumatology (ACR) 2010 recommendations include the use of nonbiologic and biologic therapies in patients with RA when starting or resuming these therapies. The 2010 ACR recommendations address five key areas including: the indications for use, monitoring for side-effects, screening for tuberculosis which is a risk factor associated with biologic DMARDs, and off-label uses. The

duration of RA disease duration, disease severity, and prognostic features were also considered when developing these recommendations. According to ACR guideline, it is important that RA patients be seen regularly to assess disease activity, evaluate disease severity, and determine whether alternative therapies are warranted. Because there was no evidence to support a specific recommendation on the frequency of provider visits, a specific and potentially arbitrary time frame is not recommended at this point. However, based on these recommendations, commonly used but not exclusive tools to assess the RA disease activity include: Disease Activity Score (DAS) in 28 joints, Simplified Disease Activity Index (SDAI), Clinical Disease Activity Index (CDAI), Rheumatoid Arthritis Disease Activity Index, Patient Activity Scale (PAS), and Routine Assessment Patient Index Data. In addition it is recommended to use the combinations of commonly used but not exclusive prognostic factors to evaluate the patients with RA, including: Health Assessment Questionnaire (HAQ) score, Evidence of radiographic erosions, Elevated erythrocyte sedimentation rate, Elevated C-reactive protein level, and elevated levels of rheumatoid factor (RF) and/or anti-cyclic citrullinated peptide (anti-CCP) antibodies. Due to the absence of a single “gold standard” measure, multiple measures or pooled indices are used to determine a diagnosis, estimate prognosis, and to assess and monitor disease activity and response to treatment. Other commonly used measures in the clinical settings include: Visual Analogue scale (VAS), Likert scales of global response to pain by the patient/doctor, and Global Arthritis Score (GAS).

Many autoimmune rheumatic diseases have severe multisystem manifestations, including internal organ involvement and premature death. Unfortunately, for many of these conditions, standard (FDA approved) therapies do not exist, or are only effective in a subset of patients. The rarity of some of these conditions presents a barrier to performing large scale studies required for regulatory approval. However, valuable information is obtained in the published clinical reports of biologic DMARD therapies for many less common but disabling autoimmune conditions. When successful treatment options have been clearly documented in peer-reviewed journals, patients should receive the opportunity to benefit from these effective therapies.

While the American College of Rheumatology (ACR) offers a model for recommended off-label coverage criteria for use of TNF’s. Other uses where TNF products have shown efficacy of use have not been shown with this product. Therefore, any other use for this product that is not listed in the criteria coverage stem is considered experimental, investigational, and unproven.

Adverse Reactions

Common adverse reactions include upper respiratory infections, urinary tract infections, miscellaneous infections, and arthralgia. Antibodies to certolizumab pegol developed in 8% to 9% of patients. Like other anti-TNF agents, certolizumab pegol has a black box warning for risk of serious infections such as invasive fungal infections, tuberculosis, and other opportunistic infections. Do not give certolizumab pegol concomitantly with anakinra. Do not administer live vaccines to patients taking certolizumab pegol.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

HCPCS Codes	Description
J0718	Injection, certolizumab pegol, 1mg

ICD-9-CM Diagnosis Codes	Description
555.0	Regional enteritis of the small intestine
555.1	Regional enteritis of the large intestine
555.9	Regional enteritis of unspecified site
714.0-714-2	Rheumatoid arthritis

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