OVERVIEW
Cimzia is a tumor necrosis factor (TNF) alpha blocker and is a recombinant humanized antibody Fab’ fragment (fragment antigen binding) that is a covalent conjugate to polyethylene glycol (PEG). Pegylation delays the elimination of PEG polymers and the antibody, thus increasing the terminal elimination half-life of the Fab fragment. Unlike Remicade® (infliximab for intravenous [IV] infusion) and Humira® (adalimumab for subcutaneous [SC] injection), Cimzia does not contain an Fc portion of the antibody. Cimzia neutralizes the biological activity of TNFα and inhibits binding of TNFα with its receptors. TNF, a naturally occurring cytokine, mediates inflammation and modulates cellular immune responses. Increased levels of TNF have been implicated in the pathobiology of Crohn’s disease, psoriatic arthritis, and rheumatoid arthritis (RA). Increased levels of TNF are found in the synovial fluid of patients with RA and TNF has an important role in both the pathologic inflammation and the joint destruction that are characteristic of this disease. Increased levels of TNF are found in the bowel wall in areas involved by Crohn’s disease. After treatment with Cimzia, patients with Crohn’s disease have decreased levels of C-reactive protein (CRP).

POLICY STATEMENT
Prior authorization is recommended for prescription benefit coverage of Cimzia. Because of the specialized skills required for evaluation and diagnosis of patients treated with Cimzia as well as the monitoring required for adverse events (AEs) and long-term efficacy, initial approval requires Cimzia to be prescribed by or in consultation with a physician who specializes in the condition being treated. Cimzia is subject to the Inflammatory Conditions Care Value Step Therapy.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Cimzia is recommended in those who meet the following criteria:

Food and Drug Administration (FDA)-Approved Indications

1. Ankylosing Spondylitis (AS).
   A) Initial Therapy. Approve for 3 months if Cimzia is prescribed by or in consultation with a rheumatologist.
   B) Patients Currently Receiving Cimzia. Approve for 1 year if the patient has had a response (e.g., decreased pain or stiffness, improved function or activities of daily living), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Cimzia.

2. Crohn’s Disease in an Adult.
   A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i and ii):
      i. The patient meets one of the following conditions (1 or 2):
         (1) The patient has tried or is currently taking corticosteroids, or corticosteroids are contraindicated in this patient; OR
         (2) The patient has tried one other agent for Crohn’s disease (e.g., azathioprine, 6-mercaptopurine, methotrexate [MTX], Remicade, Humira, Entyvio® [vedolizumab
for IV infusion]) or Stelara [ustekinumab IV infusion, ustekinumab SC injection]; AND

ii. Cimzia is prescribed by or in consultation with a gastroenterologist.

B) Patients Currently Receiving Cimzia. Approve for 1 year if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Cimzia.

Note: Patients with fistulizing Crohn’s disease or Crohn’s disease of the ileal pouch must meet the above criteria for Crohn’s disease in adults.

3. Psoriatic Arthritis (PsA).
A) Initial Therapy. Approve for 3 months if Cimzia is prescribed by or in consultation with a rheumatologist or a dermatologist.
B) Patients Currently Receiving Cimzia. Approve for 1 year if the patient has had a response (e.g., less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improvements in acute phase reactants [for example, CRP]), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Cimzia.

4. Rheumatoid Arthritis (RA) in an Adult.
A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i AND (ii, iii or iv) AND v):
   i. The patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months (e.g., methotrexate [oral or injectable], leflunomide, hydroxychloroquine, and sulfasalazine) (NOTE: An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already has a 3-month trial at least one biologic disease-modifying antirheumatic drug (DMARD) [e.g., Enbrel, Humira, Remicade, Simponi {Aria or SC}, Actemra {IV or SC}, Kineret, Ocrelizumab {IV or SC}, and Rituxan]. These patients who have already tried a biologic for RA are not required to “step back” and try a conventional synthetic DMARD); AND
   ii. Patient is currently receiving methotrexate; OR
   iii. Has an intolerance or contraindication to methotrexate or leflunomide; OR
   iv. Has early RA (defined as disease duration of less than 6 months) with at least one of the following features of poor prognosis: functional limitation (for example, based on HAQ-DI score); extraarticular disease such as rheumatoid nodules, RA vasculitis, or Felty’s syndrome; positive rheumatoid factor or anti-CCP antibodies; or bony erosions by radiograph; AND
   v. Cimzia is prescribed by or in consultation with a rheumatologist.
B) Patients Currently Receiving Cimzia. Approve for 1 year if the patient has had a response (e.g., less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of corticosteroids), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Cimzia.

5. Moderate to Severe Plaque Psoriasis.
A. Initial Therapy. Approve for 3 months if the patient meets the following criteria (i, ii, and iii):
   i. The patient is 18 years of age or older; AND
   ii. Cimzia is prescribed by or in consultation with a dermatologist; AND
   iii. The patient has tried at least one traditional systemic agent for psoriasis (e.g., methotrexate [MTX], cyclosporine, acitretin tablets, or psoralen plus ultraviolet A light [PUVA]) for at least 3 months, unless intolerant.
NOTE: An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient has already had a 3-month trial or previous intolerance to at least one biologic agent (e.g. an adalimumab product, an etanercept product, an infliximab product, Cosentyx, Ilumya, Siliq, Stelara, Taltz, or Tremfya. These patients who have already tried a biologic for psoriasis are not required to “step back” and try a traditional systemic agent for psoriasis).

B. Patients Currently Receiving Cimzia. Approve for 1 year if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Cimzia.

Other Uses with Supportive Evidence

6. Spondyloarthritis (SpA), Subtypes Other than Ankylosing Spondylitis or Psoriatic Arthritis
   (e.g., undifferentiated arthritis, non-radiographic axial SpA, Reactive Arthritis [Reiter’s disease])
   [NOTE: For AS or PsA, refer to the respective criteria under FDA-approved indications].
   A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i or ii AND iii):
      i. The patient has arthritis primarily in the knees, ankles, elbows, wrists, hands, and/or feet
         AND has tried at least ONE conventional synthetic DMARD (e.g., methotrexate [MTX],
         leflunomide, sulfasalazine) has been tried; OR
      ii. The patient has axial spondyloarthritis; AND
      iii. Cimzia is prescribed by or in consultation with a rheumatologist.
   B) Patients Currently Receiving Cimzia. Approve for 1 year if the patient has had a response (e.g.,
      less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased
      soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of
corticosteroids), as determined by the prescriber. The patient may not have a full response, but there
should have been a recent or past response to Cimzia.

7. Patient has been Established on Cimzia for ≥ 90 days. For conditions that do not have criteria for Patients Currently Receiving Cimzia but are indications or conditions addressed as an approval in the Recommended Authorization Criteria section (FDA-Approved Indications and Other Uses with Supportive Evidence), approve Cimzia for 1 year if the patient is currently taking Cimzia for ≥ 90 days.

CONDITIONS NOT RECOMMENDED FOR APPROVAL
Cimzia has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. Concurrent Use with a Biologic disease-modifying antirheumatic drug (DMARD) or Targeted Synthetic DMARD. Cimzia should not be administered in combination with another biologic agent for an inflammatory condition (e.g., Actemra, Enbrel, Humira, Kineret, Orencia, Remicade, Rituxan, Simponi, or Tysabri® [natalizumab for IV infusion]). Combination therapy with two biologic agents is not recommended due to a higher rate of adverse effects with combinations and lack of additive efficacy. Xeljanz should not be used in combination with biologic DMARDs such as Remicade. Targeted synthetic DMARDs (e.g., Xeljanz, Otezla) do not have data supporting use in combination with biologic DMARDs. Due to similar safety concerns (i.e., increased risk of AEs) plus lack of evidence for additive efficacy, targeted synthetic DMARDs should not be used in combination with biologic DMARDs such as Cimzia. Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., MTX, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with Cimzia.
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Approval Duration
Initial Approval = 90 days (3 months)
Re-authorization = 365 days (1 year)

REFERENCES

**Other References Utilized**