

Title: certolizumab pegol (Cimzia)

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| Origination: 12/15/09 | Revised: 11/11/11 | Annual Review: 12/15/11 |
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Purpose:

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

Background Information:

Reference Statement

- Guidelines will be compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.

Medication Summary

- Cimzia is a unique anti-TNF biologic that contains a Fab fragment of a humanized antibody. It is a potent neutralizer of TNF-alpha and is attached to polyethylene glycol which increases the plasma half-life and reduces the frequency of dosing required. TNF-alpha activity is attributed to induction of inflammatory cytokines. Elevated levels of TNF-alpha are found in various inflammatory diseases, such as rheumatoid arthritis (RA) and Crohn's disease.
- Cimzia is indicated for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical functioning in Members with moderately to severely active **rheumatoid arthritis**.
- Cimzia is indicated for reducing signs and symptoms and inducing and maintaining clinical remission in adult and pediatric Members with moderately to severely active **Crohn's disease** who have had an inadequate response to conventional therapy.
- Cimzia is administered as a subcutaneous injection either self-injectable if using the prefilled syringes (**pharmacy benefit**) or administered by a healthcare provider if using the powder for injection that requires reconstitution (**medical benefit**).
- For the initial treatment of **Crohn's disease**, the dose is 400mg, given as two 200mg injections, at week zero (0) then followed by a dose at week two (2) and week four (4), then maintenance injections of 400mg are given every four (4) weeks.
- For the initial treatment of **rheumatoid arthritis**, the dose is 400mg, given as two 200mg injections, at week zero (0) then followed by a dose at week two (2) and week four (4), then maintenance injections of 200mg every other week.
- Cimzia is available as a 400mg Kit that contains two (2) 200mg vials with miscellaneous items required for the reconstitution of the product or as a package of two (2) 200mg/ml pre-filled syringes.

Title: certolizumab pegol (Cimzia)

Background Information, continued:

Eligibility Criteria

- Member must be eligible and have applicable benefits.
- Prior authorization requests that do not meet clinical criteria in this Procedure will be forwarded to a Clinical Pharmacist for review.

Exclusion Criteria

- Member less than eighteen (18) years of age;
- Concurrent use of multiple biological response modifiers including, but not limited to: Humira (adalimumab), Amevive (alefacept), and Enbrel (etanercept). Only one (1) agent at a time will be covered for the treatment of Rheumatoid Arthritis;
- Member experiencing acute infection or significant chronic infection including, but not limited to: sepsis, tuberculosis, aplastic anemia, opportunistic infections.

Procedure:

- 1.0 Request for *initial therapy* with Cimzia for **rheumatoid arthritis (RA)** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following:
 - 1.1 Requesting practitioner is a rheumatologist; **AND**
 - 1.2 Member is at least 18 years of age; **AND**
 - 1.3 Diagnosis of moderate to severely active RA of at least six (6) months duration as evidenced by at least one (1) of the following:
 - 1.3.1 Erythrocyte sedimentation rate (ESR) \geq 28mm/hr;
 - 1.3.2 C-reactive protein (CRP) \geq 2.0 mg/dL;
 - 1.3.3 Morning stiffness \geq 45 minutes;
 - 1.3.4 Multiple (\geq 3) swollen and/or tender joints;
 - 1.3.5 Synovitis;
 - 1.3.6 Radiographic changes

AND

Title: certolizumab pegol (Cimzia)

Procedure, continued:

- 1.0 Request for *initial therapy* with Cimzia for **rheumatoid arthritis (RA)** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following, continued:
- 1.4 Member shows inadequate response to a three (3) to six (6) month minimum trial of an adequate dose of or is not a candidate for any of the following DMARDs:
- 1.4.1 Oral or Injectable Gold;
 - 1.4.2 Leflunomide (Arava);
 - 1.4.3 Hydroxychloroquine (Plaquenil);
 - 1.4.4 Sulfasalazine (Azulfidine);
 - 1.4.5 Azathioprine (Imuran);
 - 1.4.6 D-Penicillamine;
 - 1.4.7 Cyclosporine;
- AND**
- 1.5 Member shows inadequate response to a three (3) to six (6) month minimum trial of an adequate dose of methotrexate; **OR**
- 1.5 Member has contraindication to methotrexate as evidenced by **at least one (1)** of the following:
- 1.5.1 Chronic liver disease;
 - 1.5.1 Leukopenia;
 - 1.5.1 Thrombocytopenia;
 - 1.5.1 Creatinine clearance less than 40mL/minute;
 - 1.5.1 Immunodeficiency;
- 1.6 **For Commercial Members only (excludes Medicare or Miami Dade County),** Member shows inadequate response to a three (3) to six (6) month minimum trial of **both** of the following TNF modifiers:
- 1.6.1 Humira (adalimumab); **AND**
 - 1.6.2 Enbrel (etanercept);
- 1.7 If all criteria are met, initial therapy with Cimzia may be approved at 400mg, given as two 200mg injections, at week zero (0), at week two (2), and at week four (4) (total of #6 injections for the first month), with maintenance injections of 200mg given every other week (total of #2 injections per month thereafter) for up to a total of three (3) months of therapy.

Title: certolizumab pegol (Cimzia)

Procedure, continued:

2.0 Request for *continuation of therapy* beyond initial authorization period for **RA** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying a reduction in Member's signs and symptoms of RA (i.e., 20% improvement in painful joint count, ESR, CRP, or morning stiffness) and/or an improvement in Member's physical functioning:

2.1 If criteria are met, Cimzia 200mg every other week (total of #2 injections per month) may be approved for up to one (1) year.

3.0 Request for *initial therapy* with Cimzia for **Crohn's disease (CD)** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following:

3.1 Requesting practitioner is a gastroenterologist; **AND**

3.2 Member is at least 18 years of age; **AND**

3.3 Diagnosis of moderately to severely active **Crohn's Disease (CD)** as evidenced by:

3.3.1 Radiological or endoscopic confirmation; **AND**

3.3.2 **At least one (1)** of the following more prominent symptoms:

3.3.2.1 Fevers;

3.3.2.1 Significant weight loss;

3.3.2.1 Abdominal pain or tenderness;

3.3.2.1 Intermittent nausea or vomiting (without obstructive findings);

3.3.2.1 Significant anemia;

3.3.2.1 Diarrhea; **OR**

3.3.2 Crohn's Disease Activity Index (CDAI) score of 220-450 points;

AND

3.4 Member shows an inadequate response to a three (3) to six (6) month trial of an adequate dose of or is not a candidate for **at least two (2)** of the following medications:

3.4.1 Mesalamine (Asacol, Lialda, Pentasa, Rowasa, Canasa);

3.4.2 Sulfasalazine (Azulfidine);

3.4.3 Corticosteroids (prednisone, methylprednisolone, budesonide, Entocort);

3.4.4 Azathioprine (Imuran);

3.4.5 Mercaptopurine (6-MP);

3.4.6 Methotrexate;

Title: certolizumab pegol (Cimzia)

Procedure, continued:

3.0 Request for *initial therapy* with Cimzia for **Crohn's disease (CD)** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following, continued:

AND

3.5 **For Commercial Members only (excludes Medicare or Miami Dade County)**, Member shows inadequate response to a three (3) to six (6) month minimum trial of the TNF modifier, Humira (adalimumab);

3.6 If all criteria are met, initial therapy of Cimzia may be approved at 400mg, given as two (2) 200mg injections, at week zero (0), at week two (2), and at week four (4) for a total of six (6) injections for the first month, with maintenance injections of 400mg given every four (4) weeks for a total of two (2) injections per month; thereafter, for up to a total of three (3) months of therapy.

4.0 Request for *continuation of therapy* beyond the initial authorization period for **Crohn's disease** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying a reduction in Member's signs and symptoms (i.e., decrease in pain, fever, weight loss, diarrhea, anemia):

4.1 If criteria are met, Cimzia 400mg every four (4) weeks (total of #2 injections per month) may be approved at for up to one (1) year.

References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2008. Available at: <http://cp.gsm.com>.
2. Cimzia (certolizumab pegol) Prescribing Information. UCB, Inc. Smyrna, GA. Revised November 2009.
3. Hanauer SB, *et al.* Management of Crohn's Disease in Adults. American Journal of Gastroenterology. 2001. 96(3).
4. Knutson D, *et al.* Management of Crohn's Disease-A Practical Approach. American Family Physicians. 2003. 68(4). 707-714.
5. Rutgeerts P, *et al.* Certolizumab pegol, a monthly subcutaneously administered Fc-free anti-TNF α , improves health-related quality of life in patients with moderate to severe Crohn's disease. Int J Colorectal Dis (2008) 23:289–296.
6. Saag, KG. *et al.* American College of Rheumatology 2008 Recommendations for the use of nonbiologic and biologic disease-modifying antirheumatic drugs in rheumatoid arthritis. *Arthritis & Rheumatism (Arthritis Care & Research)*. 2008; 59, 762–784.



Title: certolizumab pegol (Cimzia)

Disclaimer Information:

Prior Authorization criteria are developed to determine coverage for AvMed Health Plans' benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions based on the Member's benefit plan contract and these criteria. This guideline sets forth concise clinical coverage criteria which have been developed from a review of current literature, policies of the FDA and other government agencies, and other appropriate references, in consultation and with approval from practicing physicians who are members of AvMed's Pharmacy and Therapeutic committee. Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change. The use of these criteria is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.