MEDICAL POLICY

POLICY TITLE	CERTOLIZUMAB PEGOL (CIMZIA®)
POLICY NUMBER	MP- 2.138

Original Issue Date (Created):	**January 1, 2010**
Most Recent Review Date (Revised):	**January 28, 2014**
Effective Date:	**April 1, 2014**

Note: Certolizumab pegol (Cimzia®) is supplied in two forms.

1. For Injection: Lyophilized Powder for Reconstitution
Sterile, white, lyophilized powder for reconstitution and then subcutaneous administration. Each single-use vial provides approximately 200 mg of Cimzia®.

2. Injection: Prefilled Syringe
A single-use, 1 mL prefilled glass syringe with a fixed 25 gauge ½ inch thin wall needle, providing 200 mg per 1 mL of Cimzia®. Prefilled syringes are designed with the needs of the RA patient in mind.

Requests for administration of both forms by a health care provider requires 100% Medical Review.

I. POLICY

Preauthorization Requirements for Certolizumab (Cimzia®):

Requests for Certolizumab (Cimzia®) to be administered by a health care provider must be accompanied by a completed preauthorization form prior to treatment, at 12 weeks, and every 6 months during treatment. Various index tools have been developed to assess the severity and monitor the efficacy of treatment for the following diseases, and any appropriate index form may be used providing improvement can be measured.

Note: Patients **must** be tested for latent tuberculosis prior to receiving Certolizumab (Cimzia®); if positive, treatment for TB should be started prior to starting Cimzia®. In addition, patients should be monitored for active TB during treatment, even if initial latent TB test is negative.

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Certolizumab (Cimzia®) is approved by the U.S. Food and Drug Administration (FDA) for the following indications:

- 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;
- Treatment of adults with moderately to severely active rheumatoid arthritis (RA).
- Treatment of adult patients with active psoriatic arthritis.
- Treatment of adults with active ankylosing spondylitis.

Pediatric Use: The safety and effectiveness of Certolizumab (Cimzia®) in pediatric patients have not been established.

Certolizumab pegol (Cimzia ®) administered subcutaneously by a health care professional) may be considered **medically necessary** for the following conditions:

Crohn's Disease (CD)

Initial Therapy
For treatment of *moderate to severe active disease* with evidence of inflammation or fistulizing Crohn's Disease when the following criteria are met:

- Consulting gastrointestinal (GI) specialist recommends treatment with certolizumab (Cimzia®); **AND**
- The patient has had an inadequate response or inability to tolerate a trial of conventional therapy (e.g. aminosalicylates, corticosteroids, and /or immunomodulators [e.g. 6-mercaptopurine, azathioprine, cyclosporine and methotrexate]); **AND**
- Documentation that there is a medical contraindication to the self-administration of certolizumab (Cimzia®) prefilled syringes.

Maintenance Therapy
Certolizumab (Cimzia®) maintenance therapy for the treatment of Crohn's Disease may be considered **medically necessary** when therapy has demonstrated efficacy as evidenced by an improvement in disease activity * at twelve weeks and maintenance of at least that improvement at each 6 month re-evaluation and there is continued documentation of a medical contraindication to the self - administration of certolizumab (Cimzia®) prefilled syringes

**As measured by a standardized disease activity tool (e.g. Crohn's Disease Activity Index [CDAI], Harvey Bradshaw Index [HBI]).*

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Rheumatoid Arthritis (RA)

Initial Therapy
For treatment of *moderate to severe active disease* when the following criteria are met:

- Consulting rheumatologist recommends treatment with certolizumab (Cimzia®);**AND**
- The patient has had an inadequate response or inability to tolerate a trial of one or more *non-biologic* disease modifying antirheumatic drugs (DMARDs) (e.g. methotrexate, hydroxychloroquine, sulfasalazine, leflunomide), alone or in combination with corticosteroids; **AND**
- There is documentation of a medical contraindication to the self-administration of certolizumab (Cimzia®) prefilled syringes..

Maintenance Therapy
Certolizumab pegol (Cimzia®) maintenance therapy for the treatment of RA may be considered **medically necessary** when therapy has demonstrated efficacy as evidenced by an improvement in disease activity * at twelve weeks and maintenance of at least that improvement at each 6 month re-evaluation and there is continued documentation of a medical contraindication to the self-administration of certolizumab (Cimzia®) prefilled syringes.

**As measured by a standardized disease activity tool (e.g. Clinical Disease Activity Index [CDAI], Simplified Disease Activity Index [SDAI], Disease Activity Score based on 28-joint evaluation [DAS28] score).*

Active Psoriatic Arthritis

Certolizumab (Cimzia®) may be considered **medically necessary** for the treatment of active psoriatic arthritis when the following criteria are met:

- Consulting rheumatologist recommends treatment with certolizumab (Cimzia®);**AND**
- The patient has had an inadequate response or inability to tolerate a trial of one or more *non-biologic* disease modifying antirheumatic drugs (DMARDs) (e.g. methotrexate, hydroxychloroquine, sulfasalazine, leflunomide), alone or in combination with corticosteroids; **AND**
- Documentation that there is a medical contraindication to the self-administration of Certolizumab (Cimzia®) prefilled syringes.

Maintenance Therapy
Certolizumab pegol (Cimzia®) maintenance therapy may be considered **medically necessary** when therapy has demonstrated efficacy as evidence by an improvement in disease activity * at 12 weeks and maintenance of at least that improvement at each six month re-evaluation and there is continued documentation of a medical contraindication to the self-administration of certolizumab (Cimzia®) prefilled syringes

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** As measured by a standardized disease activity tool (e.g., Clinical Disease Activity Index [CDAI], Simplified Disease Activity Index [SDAI], Disease Activity Score based on 28-joint evaluation [DAS28] score).*

Active Ankylosing Spondylitis

Certolizumab (Cimzia®) administered subcutaneously by a health care professional may be considered **medically necessary** for the treatment of active psoriatic arthritis when the following criteria are met:

- Consulting rheumatologist recommends treatment with certolizumab (Cimzia®);**AND**
- The patient has had an inadequate response or inability to tolerate a trial of one or more *non-biologic* disease modifying antirheumatic drugs (DMARDs) (e.g. methotrexate, hydroxychloroquine, sulfasalazine, leflunomide), alone or in combination with corticosteroids; **AND**
- Documentation that there is a medical contraindication to the self-administration of Certolizumab (Cimzia®) prefilled syringes.

Maintenance Therapy

Certolizumab (Cimzia®) maintenance therapy may be considered **medically necessary** when therapy has demonstrated efficacy as evidence by an improvement in disease activity * at 12 weeks and maintenance of at least that improvement at each six month re-evaluation and there is continued documentation of a medical contraindication to the self-administration of certolizumab (Cimzia®) prefilled syringes.

** As measured by a standardized disease activity tool (e.g., Clinical Disease Activity Index [CDAI], Simplified Disease Activity Index [SDAI], Disease Activity Score based on 28-joint evaluation [DAS28] score).*

Other Indications

All other indications of certolizumab (Cimzia®) other than those described in the Policy section are considered **investigational,** as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure

Cross-reference:

MP- 2.110 Rituximab (Rituxan®)
MP- 2.127 Natalizumab (Tysabri®)
MP- 2.129 Abatacept (Orencia®)
MP- 2.133 Infliximab (Remicade®)
MP- 2.148 Tocilizumab (Actemra®)
MP- 2.103 Off-Label Use of Prescription Drugs

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II. PRODUCT VARIATIONS

TOP

[N] = No product variation, policy applies as stated
[Y] = Standard product coverage varies from application of this policy, see below

[N]	Capital Cares 4 Kids	[N]	Indemnity
[N]	PPO	[N]	SpecialCare
[N]	HMO	[N]	POS
[Y]	SeniorBlue HMO*	[Y]	FEP PPO**
[Y]	SeniorBlue PPO*		

*For treatment of rheumatoid arthritis, psoriatic arthritis and anklylosing spondylitis, step therapy requiring a trial of self-administered biologic therapy or similar self-administered injectable or oral medication does not apply.

**The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

III. DESCRIPTION/BACKGROUND

TOP

Crohn's Disease (CD)

Crohn's disease (CD) is one of two major inflammatory bowel diseases of uncertain etiology. It has both similarities and differences from ulcerative colitis. Crohn's disease is characterized by transmural inflammation of the gastrointestinal tract that can involve any area from the mouth to the perianal area of the gastrointestinal tract. The inflammation can lead to fibrosis and to obstructive clinical presentations. Clinical presentation is quite variable due to transmural involvement and varying extent of the disease. Fatigue, prolonged diarrhea with abdominal pain, weight loss, and fever, with or without gross bleeding are the hallmarks of Crohn's. Patients may have symptoms for years prior to diagnosis.

Prevalence rates in North America range from 26 to 201 cases per 100,000 persons. Presentation can occur at any age with a first peak between 15 and 30 years and a second between 50 and 80 years of age. While family history is associated with an earlier age of diagnosis, family history is absent in most cases. Risk factors include smoking, oral contraceptives, nutritional deficiencies and infections.

There is no cure for CD. Treatment regimens are designed specifically to induce and/or maintain remission, as well as address complications. Lifestyle interventions, such as smoking cessation and diet modification, are important components of a comprehensive treatment plan for patients suffering from CD. The 5-aminosalicylate (5-ASA) agents (e.g., mesalamine), antibiotics (e.g., metronidazole), oral and topical corticosteroids, azathioprine, 6-mercaptopurine, and methotrexate are among several options used in treating CD. The choice of a specific treatment depends on severity, response, and location of the disease. Due to the potential for severe adverse effects, use of conventional corticosteroids such as prednisone is generally reserved for patients with moderate to severe disease who failed to respond to first-line therapies and generally limited in duration and frequency. Biologic response modifiers may also be used in the treatment of CD. In addition to Certolizumab Cimzia®), current agents approved for use in the treatment of CD include: Adalimumab (Humira®), Infliximab (Remicade®) and Natalizumab (Tysabri®).

Rheumatoid Arthritis (RA)

Rheumatoid arthritis (RA) is a chronic inflammatory disease that affects the lining of the joints and results in significant chronic pain, loss of function and disability. The annual incidence of RA is reported to be around 30 per 100,000 population. Potential risk factors for RA include: cigarette smoking, occupational exposure to dust, fibers, silica and asbestos and electrical and wood working occupations.

Disease-modifying antirheumatic drugs (DMARDs) have become the primary medical therapy for RA. While corticosteroids, nonsteroidal anti-inflammatory drugs (NSAIDs) and analgesics are used for relief of symptoms, they do not prevent joint destruction and are associated with serious adverse effects. DMARDs may be classified as nonbiologic and biologic.

Nonbiologic DMARDs include hydroxychloroquine, leflunomide, methotrexate, minocycline, and sulfasalazine. These agents reduce disease activity, slow the erosion of affected joints, and may improve the patient's quality of life. The nonbiologic DMARDs have evidence of efficacy and well-characterized safety profiles. The selection of specific therapy depends on specific patient factors, such as prognosis, disease activity, previous therapies, and comorbid disease. Generally, methotrexate or leflunomide are reasonable first choices, but other agents may be appropriate based on the specific situation. Two- and three-drug combinations may also be appropriate for those patients who receive an inadequate response to monotherapy, depending on disease severity and duration, and other prognostic factors.

Biologic DMARDs include self-administered medications such as etanercept (Enbrel®), adalimumab (Humira®), certolizumab pegol (Cimzia®), golimumab (Simponi®) and anakinra (Kineret®), and the infused medications such as infliximab (Remicade®), abatacept (Orencia®), and rituximab (Rituxan®).

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Psoriatic arthritis

Psoriasis is a disease in which scaly red and white patches develop on the skin. Psoriasis is caused by the body's immune system going into overdrive to attack the skin. Some people with psoriasis can also develop psoriatic arthritis, when the immune system attacks the joints as well, causing inflammation. Like psoriasis, psoriatic arthritis symptoms flare and subside, vary from person to person, and even change locations in the same person over time.

Psoriatic arthritis can affect any joint in the body, and it may affect just one joint, several joints or multiple joints. For example, it may affect one or both knees. Affected fingers and toes can resemble swollen sausages, a condition often referred to as dactylitis. Finger and toe nails also may be affected.

Psoriatic arthritis in the spine, called spondylitis, causes pain in the back or neck, and difficulty bending. Psoriatic arthritis also can cause tender spots where tendons and ligaments join onto bones. This condition, called enthesitis, can result in pain at the back of the heel, the sole of the foot, around the elbows or in other areas. Enthesitis is one of the characteristic features of psoriatic arthritis. Recent research suggests that persistent inflammation from psoriatic arthritis causes joint damage later, so early accurate diagnosis is essential.

Ankylosing spondylitis

Ankylosing spondylitis (AS) is a chronic, painful, degenerative inflammatory arthritis primarily affecting the spine and sacroiliac joints, and eventually resulting in fusion of the spine. It is a member of the group of the autoimmune spondyloarthropathies with a probable genetic predisposition.

Certolizumab (Cimzia®) is a humanized monoclonal antibody tumor necrosis factor (TNF) α blocker. Biological activities ascribed to TNF α include the upregulation of cellular adhesion molecules and chemokines, upregulation of major histocompatibilty complex (MHC) class I and class II molecules, and direct leukocyte activation. TNF α stimulates the production of downstream inflammatory mediators, including interleukin-l, prostaglandins, platelet activating factor, and nitric oxide. Elevated levels of TNF α have been implicated in the pathology of Crohn's disease and rheumatoid arthritis. Certolizumab binds to TNF α, inhibiting its role as a key mediator of inflammation. TNF α is strongly expressed in the bowel wall in areas involved by Crohn's disease. Increased TNF α levels are found in the synovial fluid of rheumatoid arthritis patients and play an important role in the joint destruction that is a hallmark of this disease.

Certolizumab (Cimzia®) is available as a lyophilized powder (reconstituted and administered subcutaneously by a health care professional) and prefilled syringes (may be self-injected subcutaneously). Cimzia® is available in a self-injectable syringe that carries the Arthritis Foundation(R) Ease-of-Use Commendation. Initial therapy for CD and RA is 400 mg administered subcutaneously with repeat doses at two and four weeks after the initial dose.

Maintenance therapy for CD is 400 mg every four weeks. Maintenance therapy for RA is 200 mg every other week (dosing of 400 mg every four weeks may also be considered).

Safety Information for Certolizumab (Cimzia®)

Current Cimzia® prescribing information includes the following FDA required "Black Box Warning" due to the risk of serious infections and malignancy:

Serious Infections

Patients 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. Reported infections include:

- **Active tuberculosis**, including reactivation of latent tuberculosis. Patients with tuberculosis have frequently presented with disseminated or extra pulmonary disease. Patients should be tested for latent tuberculosis before Cimzia® use and during therapy. Treatment for latent infection should be initiated prior to Cimzia® use.
- **Invasive fungal infections**, including histoplasmosis, coccidioidomycosis, candidiasis, aspergilosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness and reside or travel to regions where mycoses are endemic.
- **Bacterial, viral and other infections** due to opportunistic pathogens. 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 with Cimzia®, including the possible development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy.

Malignancy

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which Cimzia® is a member.
Cimzia® is not indicated for use in pediatric patients.

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IV. RATIONALE

TOP

Crohn's Disease
The efficacy and safety of CIMZIA were assessed in two double-blind, randomized, placebo controlled studies in patients aged 18 years and older with moderately to severely active Crohn's disease, as defined by a Crohn's Disease Activity Index (CDAI1) of 220 to 450 points, inclusive. CIMZIA was administered subcutaneously at a dose of 400 mg in both studies. Stable concomitant medications for Crohn's disease were permitted.

Study CD1

Study CD1 was a randomized placebo-controlled study in 662 patients with active Crohn's disease. CIMZIA or placebo was administered at Weeks 0, 2, and 4 and then every four weeks to Week 24. Assessments were done at Weeks 6 and 26. Clinical response was defined as at least a 100-point reduction in CDAI score compared to baseline, and clinical remission was defined as an absolute CDAI score of 150 points or lower.

The results for Study CD1 are provided in Table 2. At Week 6, the proportion of clinical responders was statistically significantly greater for CIMZIA-treated patients compared to controls. The difference in clinical remission rates was not statistically significant at Week 6. The difference in the proportion of patients who were in clinical response at both Weeks 6 and 26 was also statistically significant, demonstrating maintenance of clinical response.

Table 2 Study CD1 – Clinical Response and Remission, Overall Study Population

Timepoint	% Response or Remission (95% CI)	
	Placebo (N = 328)	CIMZIA 400 mg (N = 331)
Week 6		
Clinical Response#	**27%** (22%, 32%)	**35%** (30%, 40%)*
Clinical Remission#	**17%** (13%, 22%)	**22%** (17%, 26%)
Week 26		
Clinical Response	**27%** (22%	31%) **37%** (32%
Clinical Remission	**18%** (14%	22%) **29%** (25%
Both Weeks 6 & 26		
Clinical Response	**16%** (12%	20%) **23%** (18%
Clinical Remission	**10%** (7%	13%) **14%** (11%

* p-value < 0.05 logistic regression test
# Clinical response is defined as decrease in CDAI of at least 100 points, and clinical remission
is defined as CDAI ≤ 150 points

Study CD2

Study CD2 was a randomized treatment-withdrawal study in patients with active Crohn's disease. All patients who entered the study were dosed initially with CIMZIA 400 mg at Weeks 0, 2, and 4 and then assessed for clinical response at Week 6 (as defined by at least a 100-point reduction in CDAI score). At Week 6, a group of 428 clinical responders was randomized to receive either CIMZIA 400 mg or placebo, every four weeks starting at Week 8, as maintenance therapy through Week 24. Non-responders at Week 6 were withdrawn from the study. Final evaluation was based on the CDAI score at Week 26. Patients who withdrew or who received rescue therapy were considered not to be in clinical response. Three randomized responders received no study injections, and were excluded from the ITT analysis.

The results for clinical response and remission are shown in Table 3. At Week 26, a statistically significantly greater proportion of Week 6 responders were in clinical response and in clinical remission in the CIMZIA-treated group compared to the group treated with placebo.

Table 3 Study CD2 - Clinical Response and Clinical Remission

	% Response or Remission (95% CI)	
	CIMZIA 400 mg x3 + Placebo N = 210	**CIMZIA 400 mg N = 215**
Week 26		
Clinical Response#	**36%** (30%, 43%)	**63%** (56%, 69%)*
Clinical Remission#	**29%** (22%, 35%)	**48%** (41%, 55%)*

* $p < 0.05$

Clinical response is defined as decrease in CDAI of at least 100 points, and clinical remission is defined as CDAI ≤ 150 points

Baseline use of immunosuppressants or corticosteroids had no impact on the clinical response to CIMZIA.

Rheumatoid Arthritis

The efficacy and safety of CIMZIA were assessed in four randomized, placebo-controlled, double-blind studies (RA-I, RA-II, RA-III, and RA-IV) in patients -II, RA-III, and RA-e assessed in four randomiactive rheumatoid arthritis diagnosed according to the American College of Rheumatology (ACR) criteria. Patients had itis diagnosed according to the Amhad active RA for at least 6 months prior to baseline. CIMZIA was administered subcutaneously in combination with MTX at stable doses of at least 10 mg weekly in Studies RA-I, RA-II, and RA-III. CIMZIA was administered as monotherapy in Study RA-IV.

Study RA-I and Study RA-II evaluated patients who had received MTX for at least 6 months prior to study medication, but had an incomplete response to MTX alone. Patients were treated with a

loading dose of 400 mg at Weeks 0, 2 and 4 (for both treatment arms) or placebo followed by either 200 mg or 400 mg of CIMZIA or placebo every other week, in combination with MTX for 52 weeks in Study RA-I and for 24 weeks in Study RA-II. Patients were evaluated for signs and symptoms and structural damage using the ACR20 response at Week 24 (RA-I and RA-II) and modified Total Sharp Score (mTSS) at Week 52 (RA-I). The open-label extension follow-up study enrolled 846 patients who received 400 mg of CIMZIA every other week.

Study RA-III evaluated 247 patients who had active disease despite receiving MTX for at least 6 months prior to study enrollment. Patients received 400 mg of CIMZIA every four weeks for 24 weeks without a prior loading dose. Patients were evaluated for signs and symptoms of RA using the ACR20 at Week 24.

Study RA-IV (monotherapy) evaluated 220 patients who had failed at least one DMARD use prior to receiving CIMZIA. Patients were treated with CIMZIA 400 mg or placebo every 4 weeks for 24 weeks. Patients were evaluated for signs and symptoms of active RA using the ACR20 at Week 24.

Clinical Response
The percent of CIMZIA-treated patients achieving ACR20, 50, and 70 responses in Studies RA-I and RA-IV are shown in Table 4. CIMZIA-treated patients had higher ACR20, 50 and 70 response rates at 6 months compared to placebo-treated patients. The results in study RA-II (619 patients) were similar to the results in RA-I at Week 24. The results in study RA-III (247 patients) were similar to those seen in study RA-IV. Over the one-year Study RA-I, 13% of CIMZIA-treated patients achieved a major clinical response, defined as achieving an ACR70 response over a continuous 6-month period, compared to 1% of placebo-treated patients.

Table 4: ACR Responses in Studies RA-I, and RA-IV (Percent of Patients)

Response	Study RA-I Methotrexate Combination (24 and 52 weeks)			Study RA-IV Monotherapy (24 weeks)		
	Placebo + MTX N=199	**CIMZIA[a] 200 mg + MTX q 2 weeks N=393**	**CIMZIA[a] 200 mg + MTX - Placebo + MTX (95% CI)[d]**	**Placebo N=109**	**CIMZIA[b] 400 mg q 4 weeks N=111**	**CIMZIA[b] 400 mg - Placebo (95% CI)[d]**
ACR20						
Week 24	14%	59%	45% (38%, 52%)	9%	46%	36% (25%, 47%)
Week 52	13%	53%	40% (33%, 47%)	N/A	N/A	
ACR50						
Week 24	8%	37%	30% (24%, 36%)	4%	23%	19% (10%, 28%)
Week 52	8%	38%	30% (24%, 37%)	N/A	N/A	

ACR70						
Week 24	3%	21%	18% (14%, 23%)	0%	6%	6% (1%, 10%)
Week 52	4%	21%	18% (13%, 22%)	N/A	N/A	
Major Clinical Response(c)	1%	13%	12% (8%, 15%)			

(a) CIMZIA administered every 2 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
(b) CIMZIA administered every 4 weeks not preceded by a loading dose regimen
(c) Major clinical response is defined as achieving ACR70 response over a continuous 6-month period
(d) 95% Confidence Intervals constructed using the large sample approximation to the Normal Distribution.

Table 5: Components of ACR Response in Studies RA-I and RA-IV

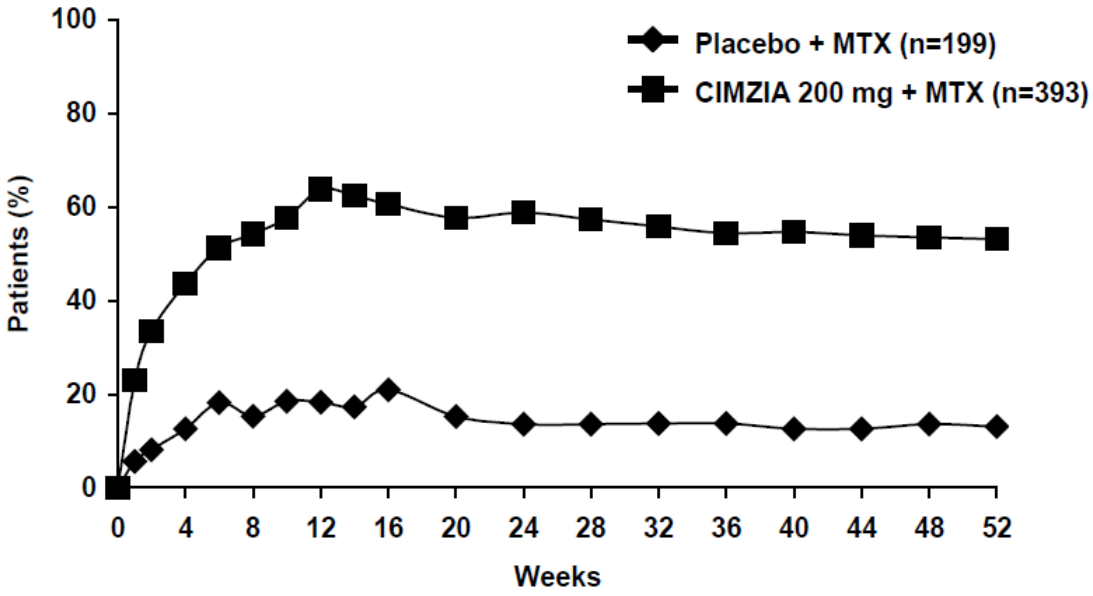
Parameter+	Study RA-I				Study RA-IV			
	Placebo + MTX N=199		CIMZIA(a) 200 mg + MTX q 2 weeks N=393		Placebo + MTX N=109		CIMZIA(b) 400 mg q 4 weeks Monotherapy N=111	
	Baseline	Week 24	Baseline	Week 24	Baseline	Week 24	Baseline	Week 24
Number of tender joints (0-68)	28	27	29	9	28 (12.5)	24 (15.4)	30 (13.7)	16 (15.8)
Number of swollen joints (0-66)	20	19	20	4	20 (9.3)	16 (12.5)	21 (10.1)	12 (11.2)
Physician global assessment(c)	66	56	65	25	4 (0.6)	3 (1.0)	4 (0.7)	3 (1.1)
Patient global assessment(c)	67	60	64	32	3 (0.8)	3 (1.0)	3 (0.8)	3 (1.0)
Pain(c)(d)	65	60	65	32	55 (20.8)	60 (26.7)	58 (21.9)	39 (29.6)
Disability index (HAQ)(e)	1.75	1.63	1.75	1.00	1.55 (0.65)	1.62 (0.68)	1.43 (0.63)	1.04 (0.74)
CRP (mg/L)	16.0	14.0	16.0	4.0	11.3	13.5	11.6	6.4

(a) CIMZIA administered every 2 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
(b) CIMZIA administered every 4 weeks not preceded by a loading dose regimen
(c) Study RA-I - Visual Analog Scale: 0 = best, 100 = worst. Study RA-IV - Five Point Scale: 1 = best, 5 = worst

(d) Patient Assessment of Arthritis Pain**.** Visual Analog Scale: 0 = best, 100 = worst
(e) Health Assessment Questionnaire Disability Index; 0 = best, 3 = worst, measures the patient's ability to perform the following: dress/groom, arise, eat, walk, reach, grip, maintain hygiene, and maintain daily activity
All values are last observation carried forward.
+For Study RA-I, median is presented. For Study RA-IV, mean (SD) is presented except for CRP which presents geometric mean

The percent of patients achieving ACR20 responses by visit for Study RA-I is shown in Figure 1. Among patients receiving CIMZIA, clinical responses were seen in some patients within one to two weeks after initiation of therapy.

Figure 1 Study RA-I ACR20 Response Over 52 Weeks*



*The same patients may not have responded at each time point

Radiographic Response
In Study RA-I, inhibition of progression of structural damage was assessed radiographically and expressed as the change in modified Total Sharp Score (mTSS) and its components, the Erosion Score (ES) and Joint Space Narrowing (JSN) score, at Week 52, compared to baseline. CIMZIA inhibited the progression of structural damage compared to placebo plus MTX after 12 months of treatment as shown in Table 6. In the placebo group, 52% of patients experienced no radiographic progression (mTSS TSS eat Week 52 compared to 69% in the CIMZIA 200 mg every other week treatment group. Study RA-II showed similar results at Week 24.

Table 6: Radiographic Changes at 6 and 12 months in Study RA-I

	Placebo + MTX N=199 Mean (SD)	CIMZIA 200 mg + MTX N=393 Mean (SD)	CIMZIA 200 mg + MTX – Placebo + MTX Mean Difference
mTSS			
Baseline	40 (45)	38 (49)	--
Week 24	1.3 (3.8)	0.2 (3.2)	-1.1
Week 52	2.8 (7.8)	0.4 (5.7)	-2.4
Erosion Score			
Baseline	14 (21)	15 (24)	--
Week 24	0.7 (2.1)	0.0 (1.5)	-0.7
Week 52	1.5 (4.3)	0.1 (2.5)	-1.4
JSN Score			
Baseline	25 (27)	24 (28)	--
Week 24	0.7 (2.4)	0.2 (2.5)	-0.5
Week 52	1.4 (5.0)	0.4 (4.2)	-1.0

An ANCOVA was fitted to the ranked change from baseline for each measure with region and treatment as factors and rank baseline as a covariate.

Physical Function Response
In studies RA-I, RA-II, RA-III, and RA-IV, CIMZIA-treated patients achieved greater improvements from baseline than placebo-treated patients in physical function as assessed by the Health Assessment Questionnaire – Disability Index (HAQ-DI) at Week 24 (RA-II, RA-III and RA-IV) and at Week 52 (RA-I).

Psoriatic Arthritis
The efficacy and safety of CIMZIA were assessed in a multi-center, randomized, double-blind, placebo controlled trial (PsA001) in 409 patients aged 18 years and older with active psoriatic arthritis despite DMARD therapy. Patients in this study had ≥ 3 swollen and tender joints and adult-onset PsA of at least 6 months' duration as defined by the Classification Criteria for Psoriatic Arthritis (CASPAR) criteria, and increased acute phase reactants. Patients had failed one or more DMARDs. Previous treatment with one anti-TNF biologic therapy was allowed, and 20% of patients had prior anti-TNF biologic exposure. Patients receiving concomitant NSAIDs and conventional DMARDs were 73% and 70 % respectively.

Patients received a loading dose of CIMZIA 400 mg at Weeks 0, 2 and 4 (for both treatment arms) or placebo followed by either CIMZIA 200 mg every other week or CIMZIA 400 mg every 4 weeks or placebo every other week. Patients were evaluated for signs and symptoms and structural damage using the ACR20 response at Week 12 and modified Total Sharp Score (mTSS) at Week 24.

Clinical Response

The percentage of CIMZIA-treated patients achieving ACR20, 50 and 70 responses in study PsA001 are shown in Table 7. ACR20 response rates at weeks 12 and 24 were higher for each CIMZIA dose group relative to placebo (95% confidence intervals for CIMIZIA 200 mg minus placebo at weeks 12 and 24 of (23%, 45%) and (30%, 51%), respectively and 95% confidence intervals for CIMZIA 400 mg minus placebo at weeks 12 and 24 of (17%, 39%) and (22%, 44%), respectively). The results of the components of the ACR response criteria are shown in Table 8.

Patients with enthesitis at baseline were evaluated for mean improvement in Leeds Enthesitis Index (LEI). CIMZIA-treated patients receiving either 200 mg every 2 weeks or 400 mg every 4 weeks showed a reduction in enthesitis of 1.8 and 1.7, respectively as compared with a reduction in placebo-treated patients of 0.9 at week 12. Similar results were observed for this endpoint at week 24. Treatment with CIMZIA resulted in improvement in skin manifestations in patients with PsA. However, the safety and efficacy of CIMZIA in the treatment of patients with plaque psoriasis has not been established.

Table 7: ACR Responses in Study PsA001 (Percent of Patients)

Response[c]			
	Placebo **N=136**	**CIMZIA[a] 200 mg Q2W** **N=138**	**CIMZIA[b] 400 mg Q4W** **N=135**
ACR20			
Week 12	24%	58%	52%
Week 24	24%	64%	56%
ACR50			
Week 12	11%	36%	33%
Week 24	13%	44%	40%
ACR70			
Week 12	3%	25%	13%
Week 24	4%	28%	24%

[a] CIMZIA administered every 2 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
[b] CIMZIA administered every 4 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
[c] Results are from the randomized set. Non-responder Imputation (NRI) is used for patients who escaped therapy or had missing data.

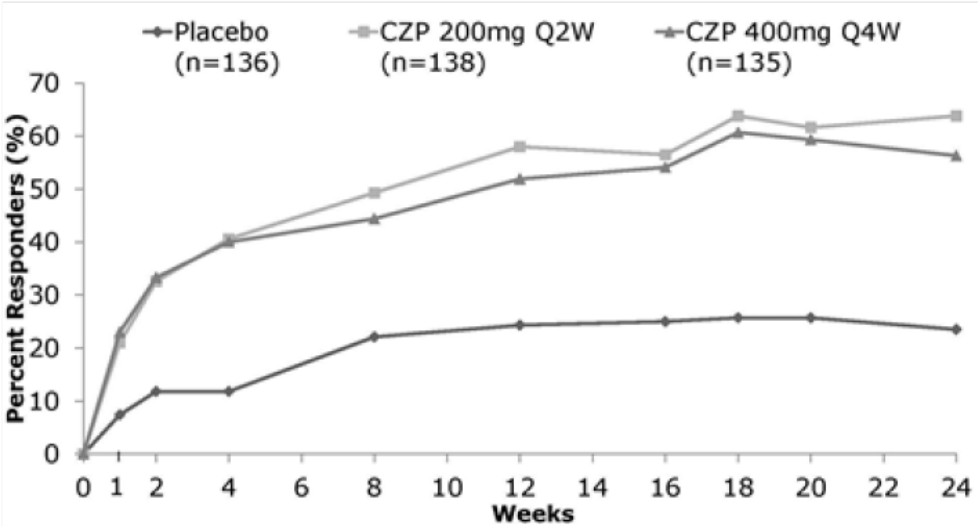
Table 8: Components of ACR Response in Study PsA001

Parameter	Placebo(c) N=136		CIMZIA(a) 200 mg Q2W N=138		CIMZIA(b) 400 mg Q4W N=135	
	Baseline	Week 12	Baseline	Week 12	Baseline	Week 12
Number of tender joints (0-68)(d)	20	17	22	11	20	11
Number of swollen joints (0-66)(d)	10	9	11	4	11	5
Physician global assessment(d, e)	59	44	57	25	58	29
Patient global assessment(d, e)	57	50	60	33	60	40
Pain(d, f)	60	50	60	33	61	39
Disability index (HAQ)(d, g)	1.30	1.15	1.33	0.87	1.29	0.90
CRP (mg/L)	18.56	14.75	15.36	5.67	13.71	6.34

(a) CIMZIA administered every 2 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
(b) CIMZIA administered every 4 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
(c) Results are from the entire placebo group
(d) Last Observation Carried Forward is used for missing data, early withdrawals or placebo escape
(e) Patient and Physician Global Assessment of Disease Activity, VAS 0=best 100= worst
(f) The Patient Assessment of Arthritis Pain, VAS 0=no pain and 100= most severe pain
(g) The HAQ-DI, 4 point scale 0=without difficulty and 3=unable to do
All values presented represent the mean
Results are from the randomized set (either with imputation or observed case)

The percent of patients achieving ACR20 responses by visit for PsA001 is shown in Figure 2.

Figure 2: Study PsA001-ACR20 Response Over 24 Weeks*



Randomized Set. Non-responder imputation used for patients with missing data or those who escaped therapy.
*The same patients may not have responded at each time point.

Radiographic Response

In study PsA001, inhibition of progression of structural damage was assessed radiographically and expressed as the change in modified total Sharp score (mTSS) and its components, the Erosion Score (ES) and Joint Space Narrowing score (JSN) at week 24, compared to baseline. The mTSS score was modified for psoriatic arthritis by addition of hand distal interphalangeal (DIP) joints. progression compared with placebo-treated patients at Week 24 as measured by change from baseline in total modified mTSS Score (estimated mean score was 0.18 in the placebo group compared with -0.02 in the CIMZIA 200 mg group; 95% CI for the difference was (-0.38, -0.04)). Patients treated with CIMZIA 400 mg every four weeks did not demonstrate greater inhibition of radiographic progression compared with placebo-treated patients at Week 24.

Physical Function Response

In Study PsA001, CIMZIA-treated patients showed improvement in physical function as assessed by the Health Assessment Questionnaire – Disability Index (HAQ-DI) at Week 24 as compared to placebo (estimated mean change from baseline was 0.19 in the placebo group compared with 0.54 in the CIMZIA 200 mg group; 95% CI for the difference was (-0.47, -0.22) and 0.46 in the CIMZIA 400 mg group; 95% CI for the difference was (-0.39, -0.14)).

Ankylosing Spondylitis

The efficacy and safety of CIMZIA were assessed in one multicenter, randomized, double-blind, placebocontrolled
study (AS-1) in 325 patients fety of CIMZIA were assesse-onset active axial spondyloarthritis for at least 3 months. The majority of patients in the study had active AS.

Patients had active disease as defined by the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) A4, and spinal pain n ndexivity Indexxvity Index Bath Ankylosing Spondylitis Dishave been intolerant to or had an inadequate response to at least one NSAID. Patients were treated with a loading dose of CIMZIA 400 mg at Weeks 0, 2 and 4 (for both treatment arms) or placebo followed by either 200 mg of CIMZIA every 2 weeks or 400 mg of CIMZIA every 4 weeks or placebo. Concomitant NSAIDs were received by 91% of the AS patients. The primary efficacy variable was the proportion of patients achieving an ASAS20 response at Week 12.

Clinical Response

In study AS-1, at Week 12, a greater proportion of AS patients treated with CIMZIA 200mg every 2 weeks or 400mg every 4 weeks achieved ASAS 20 response compared to AS patients treated with placebo (Table 9). Responses were similar in patients receiving CIMZIA 200 mg every 2 weeks and CIMZIA 400 mg every 4 weeks. The results of the components of the ASAS response criteria and other measures of disease activity are shown in Table 10.

Table 9: ASAS Responses in AS patients at Weeks 12 and 24 in study AS-1

Parameters	**Placebo N=57**	**CIMZIA(a) 200mg every 2 weeks N=65**	**CIMZIA(b) 400mg every 4 weeks N=56**
ASAS20			
Week 12	37%	57%	64%
Week 24	33%	68%	70%
ASAS40			
Week 12	19%	40%	50%
Week 24	16%	48%	59%

(a)CIMZIA administered every 2 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
(b) CIMZIA administered every 4 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
All percents reflect the proportion of patients who responded in the full analysis set

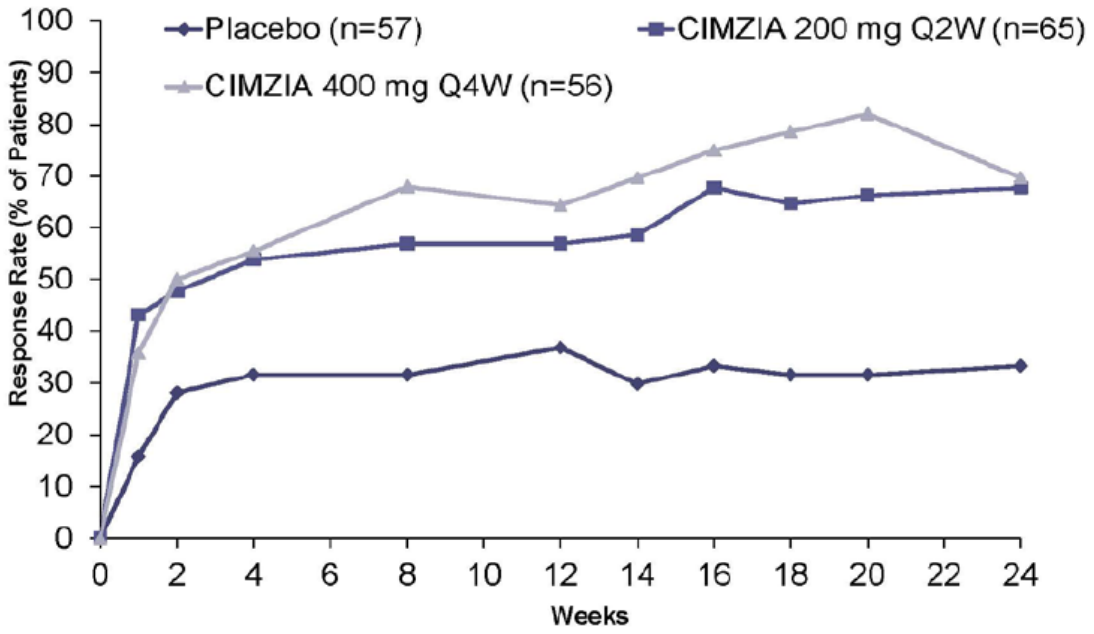
Table 10: Components of the ASAS response criteria and other measures of disease activity in AS patients at baseline and Week 12 in study AS-1

	Placebo N=57		**CIMZIA(a) 200mg every 2 weeks N=65**		**CIMZIA(b) 400mg every 4 weeks N=56**	
	Baseline	Week 12	Baseline	Week 12	Baseline	Week 12
ASAS20 response criteria						
-Patient Global Assessment (0-10)	6.9	5.6	7.3	4.2	6.8	3.8
-Total spinal pain (0-10)	7.3	5.8	7.0	4.3	6.9	4.0
-BASFI (0-10)(c)	6.0	5.2	5.6	3.8	5.7	3.8
-Inflammation (0-10)	6.7	5.5	6.7	3.8	6.4	3.4
BASDAI (0-10)(d)	6.4	5.4	6.5	4.0	6.2	3.7
BASMI (e)	4.8	4.4	4.2	3.6	4.3	3.9

(a)CIMZIA administered every 2 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
(b)CIMZIA administered every 4 weeks preceded by a loading dose of 400 mg at Weeks 0, 2 and 4
(c)BASFI is Bath Ankylosing Spondylitis Functional Index
(d)BASDAI is Bath Ankylosing Spondylitis Disease Activity Index
(e)BASMI is Bath Ankylosing Spondylitis Metrology Index
All values presented represent the mean in the full analysis set

The percent of AS patients achieving ASAS20 responses by visit for Study AS001 is shown in Figure 3. Among patients receiving CIMZIA, clinical responses were seen in some AS patients within one to two weeks after initiation of therapy.

Figure 3: Study AS-1: ASAS20 response over 24 weeks in AS patients *



*The same patients may not have responded at each time point.

V. DEFINITIONS

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ANTIBODY is a protein substance produced in response to a unique antigen. The substance developed combines with a specific antigen to destroy or control it.

ANTIGEN refers to a protein that induces the formation of antibodies that interact specifically with it. This antigen-antibody reaction forms the basis of immunity.

CLINICAL DISEASE ACTIVITY INDEX (CDAI) is a composite index for quantifying disease activity in RA. It utilizes 4 clinical parameters namely, swollen and tender joints out of 28 (the set designated for DAS28) and global assessment of the patient and assessor on a visual analogue scale. No laboratory parameter is needed. The categories of disease activity are: remission ≤ 2.8, low disease activity 2.9 to 10, moderate disease activity 10.1 to 22 and high disease activity > 22.

CROHN'S DISEASE ACTIVITY INDEX (CDAI) is a tool used to quantify the symptoms of patients with CD. It incorporates eight related variables: the number of liquid or very soft stools per day, the severity of abdominal pain or cramping, general well-being, the presence or absence of an abdominal mass, the use of antidiarrheal drugs, hematocrit, and body weight. Scores can range from 0 to 600, with a higher score indicating more severe disease activity.

DISEASE ACTIVITY SCORE (DAS) 28 is a measure of disease activity in RA. The score is calculated by a complex mathematical formula, which includes the number of tender and swollen joints (out of a total of 28), the erythrocyte sedimentation rate (ESR, a blood marker of inflammation), and the patient's 'global assessment of global health' (indicated by marking a 10 cm line between very good and very bad). High disease activity relates to DAS28 >5.1, moderate to DAS28 of >3.2 to 5.1, low disease activity is regarded in the range of 2.6 to 3.2, and remission <2.6.

HARVEY-BRADSHAW INDEX is a simpler version of the Crohn's Disease Activity Index (CDAI). It consists of only clinical parameters: general well-being, abdominal pain, abdominal mass and complications (arthralgia, uveitis, erythema nodosum, aphthous ulcers, pyoderma gangrenosum, anal fissure, new fistula, abscess). Scoring is classified as follows: <5 mild disease, 5 - 7 moderate disease, 8 – 16, severe disease >16.

MONOCLONAL ANTIBODY is a type of antibody, specific to a certain antigen, created in the laboratory.

OFF-LABEL refers to the use of a drug to treat a condition for which it has not been approved by the U.S. Food and Drug Administration (FDA), especially when such may relieve unpleasant symptoms or prove compassionate. Drug effects that have been observed but not specifically proven (and for which no application has been made) may be exploited for unproven or "off-label" uses by licensed medical practitioners.

SIMPLIFIED DISEASE ACTIVITY INDEX (SDAI) is a composite index for quantifying disease activity in RA. It includes the sum of the tender joint count, swollen joint count, patient global assessment, physician global assessment, and C-reactive protein (CRP). The categories of disease activity are: remission ≤ 3.3, low disease activity 3.3 to 11, moderate disease activity 11 to 26 and high disease activity > 26.

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VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VII. DISCLAIMER

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Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

CPT Codes®								

POLICY TITLE	CERTOLIZUMAB PEGOL (CIMZIA®)
POLICY NUMBER	MP- 2.138

HCPCS Code	Description
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J0718	INJECTION, CERTOLIZUMAB PEGOL, 1 MG.

ICD-9-CM Diagnosis Code*	Description
555.0	Regional enteritis of small intestine
555.1	Regional enteritis of large intestine
555.2	Regional enteritis of small intestine with large intestine
555.9	Regional enteritis of unspecified site
556.0-556.8	Ulcerative colitis
696.0	Psoriatic arthropathy
714.0	Rheumatoid arthritis
714.1	Felty's syndrome
714.2	Other rheumatoid arthritis with visceral or systemic involvement
714.4	Chronic postrheumatic arthropathy
720.0	Ankylosing spondylitis

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

The following ICD-10 diagnosis codes will be effective October 1, 2014:

ICD-10-CM Diagnosis Code*	Description
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula

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ICD-10-CM Diagnosis Code*	Description
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand

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POLICY NUMBER	MP- 2.138

ICD-10-CM Diagnosis Code*	Description
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement

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ICD-10-CM Diagnosis Code*	Description
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist

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ICD-10-CM Diagnosis Code*	Description
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot

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POLICY NUMBER	MP- 2.138

ICD-10-CM Diagnosis Code*	Description
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.80	Other specified rheumatoid arthritis, unspecified sit
M06.811	Other specified rheumatoid arthritis, right shoulder
M06.812	Other specified rheumatoid arthritis, left shoulder
M06.819	Other specified rheumatoid arthritis, unspecified shoulder
M06.821	Other specified rheumatoid arthritis, right elbow
M06.822	Other specified rheumatoid arthritis, left elbow
M06.829	Other specified rheumatoid arthritis, unspecified elbow
M06.831	Other specified rheumatoid arthritis, right wrist
M06.832	Other specified rheumatoid arthritis, left wrist
M06.839	Other specified rheumatoid arthritis, unspecified wrist
M06.841	Other specified rheumatoid arthritis, right hand
M06.842	Other specified rheumatoid arthritis, left hand
M06.849	Other specified rheumatoid arthritis, unspecified hand
M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.859	Other specified rheumatoid arthritis, unspecified hip
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M06.869	Other specified rheumatoid arthritis, unspecified knee
M06.871	Other specified rheumatoid arthritis, right ankle and foot
M06.872	Other specified rheumatoid arthritis, left ankle and foot
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot
M06.88	Other specified rheumatoid arthritis, vertebrae
M06.89	Other specified rheumatoid arthritis, multiple sites
M06.9	Rheumatoid arthritis, unspecified
M05.00	Felty's syndrome, unspecified site
M05.011	Felty's syndrome, right shoulder
M05.012	Felty's syndrome, left shoulder
M05.019	Felty's syndrome, unspecified shoulder
M05.021	Felty's syndrome, right elbow
M05.022	Felty's syndrome, left elbow
M05.029	Felty's syndrome, unspecified elbow
M05.031	Felty's syndrome, right wrist
M05.032	Felty's syndrome, left wrist

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ICD-10-CM Diagnosis Code*	Description
M05.039	Felty's syndrome, unspecified wrist
M05.041	Felty's syndrome, right hand
M05.042	Felty's syndrome, left hand
M05.049	Felty's syndrome, unspecified hand
M05.051	Felty's syndrome, right hip
M05.052	Felty's syndrome, left hip
M05.059	Felty's syndrome, unspecified hip
M05.061	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.069	Felty's syndrome, unspecified knee
M05.071	Felty's syndrome, right ankle and foot
M05.072	Felty's syndrome, left ankle and foot
M05.079	Felty's syndrome, unspecified ankle and foot
M05.09	Felty's syndrome, multiple sites
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot

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ICD-10-CM Diagnosis Code*	Description
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems
M06.1	Adult-onset Still's disease

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

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X. POLICY HISTORY

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MP 2.138	**CAC- 11/24/09** New Policy
	CAC- 1/25/11 Removed 3 month timeframe for trial of conventional therapy (Crohn's disease) and non-biologic DMARDs (rheumatoid arthritis). Added note that patients must be tested for latent tuberculosis prior to the initiation of certolizumab therapy.
	Admin 8/19/2011 Removed Cross-Reference to MP-2.226 as it has been retired.
	CAC 4/24/12 Consensus review. Statement added that patients should be monitored for active TB during treatment, even if initial latent TB test is negative references updated.
	CAC 3/26/13 Consensus review. No change to policy statements. References updated. Coding reviewed.
	12/20/2013- New 2014 Code updates made.

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	1/28/14 Minor- • Added the word "pegol" to title – full name of drug is certolizumab pegol. • Added indication for psoriatic arthritis • Added indication for ankylosing spondylitis • Changed criteria for administration by health care professional - Documentation that there is a medical contraindication to the self-administration of Certolizumab (Cimzia®) prefilled syringes. • Deleted section "If patient has been maintained on successful treatment, certolizumab pegol (Cimzia) may be considered medically necessary". • For maintenance added "there is continued documentation of a medical contraindication to the self-administration of certolizumab (Cimzia®) prefilled syringes"

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