

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Cimzia is a tumor necrosis factor inhibitor (TNFi) indicated for certain inflammatory conditions including Crohn's Disease (CD), Rheumatoid Arthritis (RA), active ankylosing spondylitis (AS), psoriatic arthritis (PsA), and plaque psoriasis (PsO).						
<b>Exclusion Criteria</b>	Must not be used in combination with other biologic drugs, Otezla, or Janus Kinase Inhibitor (JAKis).						
<b>Required Medical Information</b>	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	Prescriber is a specialist or has consulted with a specialist for the condition being treated.						
<b>Coverage Duration</b>	Two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 930 1513 1075"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0717</td> <td>Cimzia (certolizumab pegol) lyophilized powder kit</td> <td><b>Billing unit: 1 mg</b>  200 mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0717	Cimzia (certolizumab pegol) lyophilized powder kit	<b>Billing unit: 1 mg</b>  200 mg SDV
HCPCS	Description	Billing Units/How Supplied					
J0717	Cimzia (certolizumab pegol) lyophilized powder kit	<b>Billing unit: 1 mg</b>  200 mg SDV					

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025