

## Cimzia (certolizumab pegol)

Drug names	<div>1. Certolizumab pegol</div> <div>2. Cimzia</div>						
Description	<p>Cimzia (certolizumab pegol) reduces the effects of a substance in the body that can cause inflammation. Cimzia is used to treat the symptoms of Crohn's disease after other drugs have been tried without success. Cimzia is also used to treat moderate to severe rheumatoid arthritis in adults. It is also used to treat psoriatic arthritis and ankylosing spondylitis in adults. Cimzia comes in a lyophilized powder or solution in a prefilled syringe.</p> <p>It is administered by subcutaneous injection.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li><a href="#">Commercial</a></li><li><a href="#">Government Programs</a></li><li><a href="#">Individual and Family Business (IFB)</a></li></ul>						
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>								
Dean (DHP, Prevea360)	<p>Drug is on the Medical Injectable Grid.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Pharmacy Benefit Manager.</b></li><li>• If approved, quote pharmacy benefits.<ul style="list-style-type: none"><li>– Check the member’s formulary before quoting coverage.</li></ul></li></ul>								
Mayo Medical Plan (MMP)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li>• <b>Subcutaneous administration:</b> Pharmacy benefit applies. Refer member to their Pharmacy Benefit Manager (PBM).</li></ul>								
Medica (including MHPS)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Cimzia (certolizumab pegol)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Magellan.</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>• If approved, quote office visit or outpatient hospital benefits.</li><li>• <b>Subcutaneous administration:</b> Pharmacy benefit applies.<ul style="list-style-type: none"><li>– <b>Carved out pharmacy:</b> Refer member to their Pharmacy Benefit Manager (PBM).</li></ul></li></ul>								
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Quote office visit or outpatient hospital benefits.</li><li>• <b>Subcutaneous administration</b>: Pharmacy benefit applies.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Cimzia (certolizumab pegol)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Magellan</b>. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important</b>: Check policy for limits or exclusions.</li><li>– <b>ER or inpatient POS</b>: PA is not required.</li><li>– <b>Providers</b>: Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>• If approved, quote office visit or outpatient hospital benefits.</li><li>• <b>Subcutaneous administration</b>: Pharmacy benefit applies.</li><li>• Medica is the only payer.</li></ul>
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none"><li>• <b>Drug administration</b>: Quote office visit benefits.</li><li>• <b>Injection (J-code)</b>: Quote <i>Part B Prescription Drugs</i> in the EOC.</li><li>• <b>Subcutaneous administration</b>: Pharmacy benefit applies.</li><li>• Follows Medicare guidelines.</li></ul>
Med Advantage	<p>Magellan’s Pharmacy Clinical Guideline, <i>Cimzia (certolizumab pegol)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Magellan</b>. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important</b>: Check policy for limits or exclusions.</li><li>– <b>ER or inpatient POS</b>: PA is not required.</li><li>– <b>Providers</b>: Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none"><li>– <b>Drug administration</b>: Quote office visit benefits.</li><li>– <b>Injection (J-code)</b>: Quote <i>Part B Prescription Drugs</i> in the EOC.</li></ul></li><li>• <b>Subcutaneous administration</b>: Pharmacy benefit applies.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>
Med Supp (Select, Signature)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li>• <b>Subcutaneous administration</b>: Pharmacy benefit applies.</li><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>
Medicaid	<p>Magellan’s Pharmacy Clinical Guideline, <i>Cimzia (certolizumab pegol)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Magellan</b>. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important</b>: Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS</b>: PA is not required.</li><li>– <b>Providers</b>: Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>• If approved, quote office visit or outpatient hospital benefits.</li><li>• <b>Subcutaneous administration</b>: Pharmacy benefit applies.</li></ul>

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Document history

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2.21.24	Updated Magellan policy title in all sections that reference it.
2.21.24	Updated to new template.
5.25.23	Refreshed due to age.

## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>								
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Drug is on the Medical Injectable Grid.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Pharmacy Benefit Manager.</b></li><li>• If approved, quote pharmacy benefits.<ul style="list-style-type: none"><li>– Check the member’s formulary before quoting coverage.</li></ul></li></ul>								
Medica	<p>Magellan’s Pharmacy Clinical Guideline, <i>Cimzia (certolizumab pegol)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Magellan.</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– ER or inpatient hospital POS: PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>• If approved, quote office visit or outpatient hospital benefits.</li><li>• <b>Subcutaneous administration:</b> Pharmacy benefit applies.</li></ul>								
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