Cimzia (certolizumab pegol) injection, for subcutaneous use

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Related Policies

- N/A

Coverage Rationale

Ankylosing Spondylitis

For initial coverage of Cimzia (certolizumab pegol) for Ankylosing Spondylitis, the following will be required:

- Diagnosis of active ankylosing spondylitis **and**
- Minimum duration of one month trial and failure, contraindication, or intolerance to two different nonsteroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses **and**
- Prescribed by or in consultation with a rheumatologist.

For reauthorization coverage of Cimzia (certolizumab pegol) for Ankylosing Spondylitis, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by improvement from baseline for at least one of the following:
  - Disease activity (e.g., pain, fatigue, inflammation, stiffness)
  - Lab values (erythrocyte sedimentation rate, C-reactive protein level)
  - Function
  - Axial status (e.g., lumbar spine motion, chest expansion)
  - Total active (swollen and tender) joint count

Crohn's Disease

For initial coverage of Cimzia (certolizumab pegol) for Crohn's Disease, the following will be required:

- Diagnosis of moderately to severely active Crohn's disease **and**
- One of the following:
  - Frequent diarrhea and abdominal pain
  - At least 10% weight loss

    - Complications such as obstruction, fever, abdominal mass
    - Abnormal lab values (e.g., C-reactive protein [CRP])
    - CD Activity Index (CDAI) greater than 220 **and**
- Trial and failure, contraindication, or intolerance to ONE of the following conventional therapies:
    - 6-mercaptopurine
    - Azathioprine
    - Corticosteroids (e.g., prednisone)
    - Methotrexate **and**
- Prescribed by or in consultation with a gastroenterologist.

For reauthorization coverage of Cimzia (certolizumab pegol) for Crohn's Disease, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by at least one of the following:
    - Improvement in intestinal inflammation (e.g., mucosal healing, improvement of lab values [platelet counts, erythrocyte sedimentation rate, C-reactive protein level]) from baseline.
    - Reversal of high fecal output state

Non-radiographic Axial Spondyloarthritis

For initial coverage of Cimzia (certolizumab pegol) for Non-radiographic Axial Spondyloarthritis, the following will be required:

- Diagnosis of active non-radiographic axial spondyloarthritis **and**
- Patient has objective signs of inflammation (e.g., C-reactive protein [CRP] levels above the upper limit of normal and/or sacroiliitis on magnetic resonance imaging [MRI], indicative of inflammatory disease, but without definitive radiographic evidence of structural damage on sacroiliac joints.) **and**
- Minimum duration of one month trial and failure, contraindication, or intolerance to two different NSAIDs (e.g., ibuprofen, naproxen) at maximally tolerated doses **and**
- Prescribed by or in consultation with a rheumatologist.

For reauthorization coverage of Cimzia (certolizumab pegol) for Non-radiographic Axial Spondyloarthritis, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by improvement from baseline for at least one of the following:
    - Disease activity (e.g., pain, fatigue, inflammation, stiffness)
    - Function
    - Lab values (erythrocyte sedimentation rate, C-reactive protein level)
    - Axial status (e.g., lumbar spine motion, chest expansion)
    - Total active (swollen and tender) joint count

Plaque Psoriasis

For initial coverage of Cimzia (certolizumab pegol) for Plaque Psoriasis, the following will be required:

- Diagnosis of moderate to severe plaque psoriasis **and**
- One of the following:
    - Greater than or equal to 3% body surface area involvement
    - Severe scalp psoriasis
    - Palmoplantar (i.e., palms, soles), facial, or genital involvement **and**

- Trial and failure of a minimum 30-day supply (14-day supply for topical corticosteroids), contraindication, or intolerance to one of the following topical therapies:
    - corticosteroids (e.g., betamethasone, clobetasol)
    - vitamin D analogs (e.g., calcitriol, calcipotriene)
    - tazarotene
    - calcineurin inhibitors (e.g., tacrolimus, pimecrolimus) **and**
- Prescribed by or in consultation with a dermatologist.

For reauthorization coverage of Cimzia (certolizumab pegol) for Plaque Psoriasis, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by ONE of the following:
    - Reduction in the body surface area (BSA) involvement from baseline
    - Improvement in symptoms (e.g., pruritus, inflammation) from baseline

Polyarticular Juvenile Idiopathic Arthritis (pJIA)

For initial coverage of Cimzia (certolizumab pegol) for pJIA, the following will be required:

- Diagnosis of active polyarticular juvenile idiopathic arthritis (pJIA) **and**
- Prescribed by or in consultation with a rheumatologist **and**
- Minimum duration of a 6-week trial and failure, contraindication, or intolerance to one of the following conventional therapies at maximally tolerated doses:
    - leflunomide
    - methotrexate

For reauthorization coverage of Cimzia (certolizumab pegol) for pJIA, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by at least one of the following:
    - Reduction in the total active (swollen and tender) joint count from baseline
    - Improvement in symptoms (e.g., pain, stiffness, inflammation) from baseline

Psoriatic Arthritis

For initial coverage of Cimzia (certolizumab pegol) for Psoriatic Arthritis, the following will be required:

- Diagnosis of active psoriatic arthritis **and**
- One of the following:
    - actively inflamed joints
    - dactylitis
    - enthesitis
    - axial disease
    - active skin and/or nail involvement **and**
- Prescribed by or in consultation with one of the following:
    - Dermatologist
    - Rheumatologist

For reauthorization coverage of Cimzia (certolizumab pegol) for Psoriatic Arthritis, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by at least one of the following:
    - Reduction in the total active (swollen and tender) joint count from baseline
    - Improvement in symptoms (e.g., pain, stiffness, pruritus, inflammation) from baseline
    - Reduction in the body surface area (BSA) involvement from baseline

Rheumatoid Arthritis

For initial coverage of Cimzia (certolizumab pegol) for Rheumatoid Arthritis, the following will be required:

- Diagnosis of moderately to severely active RA **and**
- Minimum duration of a 3-month trial and failure, contraindication, or intolerance to one of the following conventional therapies at maximally tolerated doses:
    - methotrexate
    - leflunomide
    - sulfasalazine **and**
- Prescribed by or in consultation with a rheumatologist.

For reauthorization coverage of Cimzia (certolizumab pegol) for Rheumatoid Arthritis, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by at least one of the following:
    - Reduction in the total active (swollen and tender) joint count from baseline
    - Improvement in symptoms (e.g., pain, stiffness, inflammation) from baseline

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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)

ICD-10 Code	Description
K31.6	Fistula of stomach and duodenum
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
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

ICD-10 Code	Description
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
K60.3	Anal fistula
K60.4	Rectal fistula
K60.5	Anorectal fistula
K63.2	Fistula of intestine
L40.0	Psoriasis vulgaris
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
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
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

ICD-10 Code	Description
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
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot
M05.19	Rheumatoid lung disease with rheumatoid arthritis of 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

ICD-10 Code	Description
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
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites

ICD-10 Code	Description
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
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

ICD-10 Code	Description
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
M05.60	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
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
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

ICD-10 Code	Description
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
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

ICD-10 Code	Description
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
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.1	Adult-onset Still’s disease
M06.20	Rheumatoid bursitis, unspecified site
M06.211	Rheumatoid bursitis, right shoulder
M06.212	Rheumatoid bursitis, left shoulder
M06.219	Rheumatoid bursitis, unspecified shoulder

ICD-10 Code	Description
M06.221	Rheumatoid bursitis, right elbow
M06.222	Rheumatoid bursitis, left elbow
M06.229	Rheumatoid bursitis, unspecified elbow
M06.231	Rheumatoid bursitis, right wrist
M06.232	Rheumatoid bursitis, left wrist
M06.239	Rheumatoid bursitis, unspecified wrist
M06.241	Rheumatoid bursitis, right hand
M06.242	Rheumatoid bursitis, left hand
M06.249	Rheumatoid bursitis, unspecified hand
M06.251	Rheumatoid bursitis, right hip
M06.252	Rheumatoid bursitis, left hip
M06.259	Rheumatoid bursitis, unspecified hip
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.269	Rheumatoid bursitis, unspecified knee
M06.271	Rheumatoid bursitis, right ankle and foot
M06.272	Rheumatoid bursitis, left ankle and foot
M06.279	Rheumatoid bursitis, unspecified ankle and foot
M06.28	Rheumatoid bursitis, vertebrae
M06.29	Rheumatoid bursitis, multiple sites
M06.30	Rheumatoid nodule, unspecified site
M06.311	Rheumatoid nodule, right shoulder
M06.312	Rheumatoid nodule, left shoulder
M06.319	Rheumatoid nodule, unspecified shoulder
M06.321	Rheumatoid nodule, right elbow
M06.322	Rheumatoid nodule, left elbow
M06.329	Rheumatoid nodule, unspecified elbow
M06.331	Rheumatoid nodule, right wrist
M06.332	Rheumatoid nodule, left wrist
M06.339	Rheumatoid nodule, unspecified wrist
M06.341	Rheumatoid nodule, right hand
M06.342	Rheumatoid nodule, left hand
M06.349	Rheumatoid nodule, unspecified hand
M06.351	Rheumatoid nodule, right hip
M06.352	Rheumatoid nodule, left hip
M06.359	Rheumatoid nodule, unspecified hip
M06.361	Rheumatoid nodule, right knee
M06.362	Rheumatoid nodule, left knee
M06.369	Rheumatoid nodule, unspecified knee

ICD-10 Code	Description
M06.371	Rheumatoid nodule, right ankle and foot
M06.372	Rheumatoid nodule, left ankle and foot
M06.379	Rheumatoid nodule, unspecified ankle and foot
M06.38	Rheumatoid nodule, vertebrae
M06.39	Rheumatoid nodule, multiple sites
M06.4	Inflammatory polyarthropathy
M06.80	Other specified rheumatoid arthritis, unspecified site
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
M08.0	Unspecified juvenile rheumatoid arthritis
M08.01	Unspecified juvenile rheumatoid arthritis, shoulder
M08.02	Unspecified juvenile rheumatoid arthritis of elbow
M08.03	Unspecified juvenile rheumatoid arthritis, wrist
M08.04	Unspecified juvenile rheumatoid arthritis, hand
M08.05	Unspecified juvenile rheumatoid arthritis, hip
M08.06	Unspecified juvenile rheumatoid arthritis, knee
M08.07	Unspecified juvenile rheumatoid arthritis, ankle and foot

ICD-10 Code	Description
M08.1	Juvenile ankylosing spondylitis
M08.2	Juvenile rheumatoid arthritis with systemic onset
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.4	Pauciarticular juvenile rheumatoid arthritis
M08.8	Other juvenile arthritis
M08.9	Juvenile arthritis, unspecified
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M45.9	Ankylosing spondylitis of unspecified sites in spine
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
M46.80	Other specified inflammatory spondylopathies, site unspecified
M46.81	Other specified inflammatory spondylopathies, occipito-atlanto-axial region
M46.82	Other specified inflammatory spondylopathies, cervical region
M46.83	Other specified inflammatory spondylopathies, cervicothoracic region
M46.84	Other specified inflammatory spondylopathies, thoracic region
M46.85	Other specified inflammatory spondylopathies, thoracolumbar region
M46.86	Other specified inflammatory spondylopathies, lumbar region
M46.87	Other specified inflammatory spondylopathies, lumbosacral region
M46.88	Other specified inflammatory spondylopathies, sacral and sacrococcygeal region
M46.89	Other specified inflammatory spondylopathies, multiple sites in spine
M48.8X1	Other specified spondylopathies, occipito-atlanto-axial region
M48.8X2	Other specified spondylopathies, cervical region
M48.8X3	Other specified spondylopathies, cervicothoracic region

ICD-10 Code	Description
M48.8X4	Other specified spondylopathies, thoracic region
M48.8X5	Other specified spondylopathies, thoracolumbar region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region
M48.8X8	Other specified spondylopathies, sacral and sacrococcygeal region
M48.8X9	Other specified spondylopathies, site unspecified
N82.2	Fistula of vagina to small intestine
N82.3	Fistula of vagina to large intestine
N82.4	Other female intestinal-genital tract fistulae

Background

Certolizumab pegol is a TNF-alpha blocker (TNF-blocker) conjugated to polyethylene glycol for subcutaneous use. Like other TNF-blockers, the drug is useful in treating many inflammatory conditions including rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis, plaque psoriasis and Crohn's disease. In adults with rheumatoid arthritis (RA) or psoriatic arthritis (PsA) the drug improves clinical signs and symptoms, inhibits the radiographic progression of structural joint damage, and improves physical function; in adults with ankylosing spondylitis (AS), the drug improves clinical signs and symptoms of active disease, which can improve quality of life (Clinical Pharmacology 2025).

Clinical Evidence

Ankylosing Spondylitis (AS)

- The efficacy and safety of Cimzia were assessed in one multicenter, randomized, double-blind, placebo-controlled study (AS-1) in 325 patients ≥18 years of age with adult-onset active axial spondyloarthritis for at least 3 months (Cimzia package insert 2025). 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) ≥4, and spinal pain ≥4 on a 0 to 10 Numerical Rating Scale (NRS). Patients must have 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. In study AS-1, at Week 12, a greater proportion of AS patients treated with Cimzia 200 mg every 2 weeks or 400 mg every 4 weeks achieved ASAS 20 response compared to AS patients treated with placebo. Responses were similar in patients receiving Cimzia 200 mg every 2 weeks and Cimzia 400 mg every 4 weeks. Among patients receiving Cimzia, clinical responses were seen in some AS patients within one to two weeks after initiation of therapy.

Crohn's Disease (CD)

- 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 (CDAI) of 220 to 450 points, inclusive (Cimzia package insert 2025). 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. 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.

- 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. 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. Baseline use of immunosuppressants or corticosteroids had no impact on the clinical response to Cimzia.
- A meta-analysis evaluating Cimzia (certolizumab) use over 12 to 26 weeks for the treatment of CD demonstrated that the agent was associated with an increased rate of induction of clinical response (RR, 1.36; $p = 0.004$) and remission (RR, 1.95; $p < 0.0001$) over placebo. However, risk of infection was higher with certolizumab use (Shao et al 2009). Additionally, Humira (adalimumab), Cimzia (certolizumab) and Remicade (infliximab) demonstrated the ability to achieve clinical response (RR, 2.69; $p < 0.00001$; RR, 1.74; $p < 0.0001$ and RR, 1.66; $p = 0.0046$, respectively) and maintain clinical remission (RR, 1.68; $p = 0.000072$ with certolizumab and RR, 2.5; $p = 0.000019$ with infliximab; adalimumab, data not reported) over placebo in patients with CD. Adalimumab and infliximab also had a steroid-sparing effect (Behm et al 2008). Other systematic reviews have further demonstrated the efficacy of these agents in CD (Fu et al 2017, Singh et al 2014). In a 2021 meta-analysis by Wu et al that included 29 randomized controlled trials (RCTs), infliximab and adalimumab were superior to certolizumab pegol and tofacitinib for induction of remission in CD (Wu et al 2021).

Non-radiographic axial spondyloarthritis (nr-axSpA)

- The efficacy of Cimzia (certolizumab) was evaluated in a Phase 3, randomized, double-blind, placebo-controlled trial in 317 patients with nr-axSpA. Patients were randomized to certolizumab (400 mg at weeks 0, 2, and 4, followed by 200 mg every 2 weeks) or placebo in addition to nonbiologic background medication. At week 52, treatment with certolizumab was associated with a significantly higher proportion of patients achieving major improvement (≥ 2-point decrease in Ankylosing Spondylitis Disease Activity Score; 47.2% vs 7.0%; $p < 0.0001$) (Deodhar et al 2019[b]).

Plaque Psoriasis (PsO)

- Three multicenter, randomized, double-blind studies enrolled subjects 18 years of age or older with moderate-to-severe plaque psoriasis who were eligible for systemic therapy or phototherapy (Cimzia package insert 2025). Subjects had a Physician Global Assessment (PGA) of ≥ 3 ("moderate") on a 5-category scale of overall disease severity, a Psoriasis Area and Severity Index (PASI) score ≥ 12, and body surface area (BSA) involvement of ≥ 10%. (BASDAI is Bath Ankylosing Spondylitis Disease Activity Index The average of BASDAI question 5 and 6 concerning morning stiffness intensity and duration. BASFI is Bath Ankylosing Spondylitis Functional Index BASMI is Bath Ankylosing Spondylitis Metrology Index The same patients may not have responded at each time point. Studies PS-1 (234 subjects) and PS-2 (227 subjects) randomized subjects to placebo, Cimzia 200 mg every other week (following a loading dose of Cimzia 400 mg at Weeks 0, 2, and 4), or Cimzia 400 mg every other week. Studies PS-1 and PS-2 assessed the co-primary endpoints of the proportion of patients who achieved a PASI 75 and PGA of "clear" or "almost clear" with at least a 2-point improvement at Week 16. Other evaluated outcomes were PASI 90 at Week 16 and maintenance of efficacy to Week 48.
- Study PS-3 randomized 559 subjects to receive placebo, Cimzia 200 mg every other week (following a loading dose of Cimzia 400 mg at Weeks 0, 2, and 4), Cimzia 400 mg every other week up to Week 16, or a biologic

comparator (up to Week 12). Study PS-3 assessed the proportion of patients who achieved a PASI 75 at Week 12 as the primary endpoint. Other evaluated outcomes were PGA of "clear" or "almost clear" at Week 16, PASI 75 at Week 16, PASI 90 at Week 16, and maintenance of efficacy to Week 48. Of the 850 subjects randomized to receive placebo or Cimzia in these placebo-controlled studies, 29% of patients were naïve to prior systemic therapy for the treatment of psoriasis, 47% had received prior phototherapy or chemophototherapy, and 30% had received prior biologic therapy for the treatment of psoriasis. Of the 850 subjects, 14% had received at least one TNF alpha agent and 16% had received an antiIL agent. Eighteen percent of subjects reported a history of psoriatic arthritis at baseline. Across all studies and treatment groups, the mean PASI score at baseline was 20 and ranged from 12 to 69. The baseline PGA score ranged from moderate (70%) to severe (30%). Mean baseline BSA was 25% and ranged from 10% to 96%. Subjects were predominantly men (64%) and White (94%), with a mean age of 46 years. Examination of age, gender, prior use of biologics, and prior use of systemic therapies did not identify difference in response to Cimzia among these subgroups. Based on a post-hoc subgroup analysis in subjects with moderate-to-severe psoriasis, stratified by ≤90 kg or >90 kg, subjects with both lower body weight and lower disease severity may achieve an acceptable response with Cimzia 200 mg.

- In PS-1 and PS-2, among subjects who were PASI 75 responders at Week 16 and received Cimzia 400 mg every other week, the PASI 75 response rates at Week 48 were 94% and 81%, respectively. In subjects who were PASI 75 responders at Week 16 and received Cimzia 200 mg every other week, the PASI 75 response rates at Week 48 were 81% and 74%, respectively. In PS-1 and PS-2, among subjects who were PGA clear or almost clear responders at Week 16 and received Cimzia 400 mg every other week, the PGA response rates at Week 48 were 79% and 73%, respectively. In subjects who were PGA clear or almost clear responders at Week 16 and received Cimzia 200 mg every other week, the PGA response rates at Week 48 were 79% and 76%, respectively. In PS-3 study, subjects who achieved a PASI 75 response at Week 16 were rerandomized to either continue treatment with Cimzia or be withdrawn from therapy (i.e., receive placebo). At Week 48, 98% of subjects who continued Cimzia 400 mg every other week were PASI 75 responders as compared to 36% of subjects who were re-randomized to placebo. Among PASI 75 responders at Week 16 who received Cimzia 200 mg every other week and were re-randomized to either Cimzia 200 mg every other week or placebo, there was also a higher percentage of PASI 75 responders at Week 48 in the Cimzia group as compared to placebo (80% and 46%, respectively).

Polyarticular Juvenile idiopathic arthritis (pJIA)

- The approval of Cimzia for polyarticular JIA was based on pharmacokinetic exposure and extrapolation of established efficacy in patients with RA. The efficacy of certolizumab was also assessed in an open-label study in patients 2 to 17 years of age (N = 193) with JIA with active polyarthritis with an inadequate response or intolerance to ≥ 1 DMARD (nonbiologic or biologic). Of the 193 patients, 105 received the recommended dose. Patients had the following subtypes of JIA: polyarthritis rheumatoid factor-positive (20%), polyarthritis rheumatoid factor-negative (44.8%), extended oligoarthritis (13.3%), juvenile PsA (4.8%), and ERA (19%). Patients could be on stable MTX, glucocorticoids, and/or NSAIDs. Efficacy was assessed as secondary endpoints through 24 weeks of treatment and was generally consistent with responses in patients with RA (Cimzia prescribing information 2025).

Psoriatic Arthritis (PsA)

- The efficacy of Cimzia (certolizumab) in the treatment of PsA was established in 1 multicenter, double-blind, placebo-controlled trial (n = 409) (Mease et al 2014). 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 antiTNF 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.

- ACR20 response rates at weeks 12 and 24 were higher for each Cimzia dose group relative to placebo (95% confidence intervals for Cimzia 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). 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.
- 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. Patients treated with Cimzia 200 mg every other week demonstrated greater reduction in radiographic 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.
- 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)).

Rheumatoid Arthritis (RA)

- The RAPID-1 and RAPID-2 studies compared Cimzia (certolizumab) in combination with MTX to placebo plus MTX in adults with active RA despite MTX therapy (Keystone et al 2008, Smolen et al 2009a). A significantly greater proportion of patients on certolizumab 400 mg plus MTX at weeks 0, 2, and 4 then 200 or 400 mg every 2 weeks attained greater ACR 20, ACR 50 and ACR 70 responses compared to patients on placebo and MTX, respectively, after 24 weeks ($p \leq 0.01$). The response rates were sustained with active treatment over 52 weeks (Keystone et al 2008). The Modified Total Sharp Score (mTSS) was significantly lower with certolizumab in combination with MTX compared to MTX in combination with placebo (Keystone et al 2008, Smolen et al 2009a). A trial evaluated Cimzia (certolizumab) monotherapy vs placebo in patients with active disease who had failed at least 1 prior DMARD. After 24 weeks, ACR 20 response rates were significantly greater with active treatment (45.5%) compared to placebo (9.3%; $p < 0.001$). Significant improvements in secondary endpoints (ACR 50, ACR 70, individual ACR component scores, and patient reported outcomes) were also associated with certolizumab therapy (Fleischmann et al 2009).
- More Cimzia (certolizumab)-treated patients achieved clinical disease activity index (CDAI) remission than placebo-treated patients (18.8% vs 6.1%, $p \leq 0.05$) in a randomized, double-blind, placebo-controlled trial of certolizumab over 24 weeks in 194 patients with RA who were on DMARD therapy with MTX, leflunomide, sulfasalazine and/or hydroxychloroquine for at least 6 months (Smolen et al 2015a).
- A randomized, double-blind, placebo-controlled trial (n = 316) conducted in Japan compared Cimzia (certolizumab) plus MTX to placebo plus MTX in MTX-naïve patients with early RA (≤ 12 months persistent disease) and poor prognostic factors: high anti-cyclic citrullinated peptide (anti-CCP) antibody and either positive rheumatoid factor and/or presence of bone erosions (Atsumi et al 2016). The primary endpoint was inhibition of radiographic progression (change from baseline in mTSS at week 52). The certolizumab plus MTX group showed significantly greater inhibition of radiographic progression vs MTX alone (mTSS change, 0.36 vs 1.58; $p < 0.001$). Clinical remission rates were higher in patients treated with certolizumab plus MTX vs MTX alone. The authors suggest that certolizumab plus MTX could be used as possible first-line treatment in this patient population. In a

long-term extension, a higher percentage of patients treated with certolizumab plus MTX experienced inhibition of radiographic progression (change from baseline in mTSS) at week 104 vs MTX alone (84.2% vs 67.5%; p < 0.001) (Atsumi et al 2017).

- A randomized, open-label trial evaluated biologic treatments in patients with RA who had had an inadequate response to a TNF inhibitor (Gottenberg et al 2016). Patients (n = 300) were randomized to receive a second TNF inhibitor (n = 150) or a non-TNF-targeted biologic (n = 150) of the prescriber's choice. The second TNF inhibitors, in order of decreasing frequency, included Humira (adalimumab), Enbrel (etanercept), Cimzia (certolizumab), and Remicade (infliximab), and the non-TNF biologics included Actemra (tocilizumab), Rituxan (rituximab), and Orencia (abatacept). The primary endpoint was the proportion of patients with a good or moderate EULAR (European League Against Rheumatism) response at week 24, defined as a decrease in DAS28-ESR of > 1.2 points resulting in a score of ≤ 3.2. At week 24, 52% of patients in the second anti-TNF group and 69% of patients in the non-TNF group achieved a good or moderate EULAR response (p = 0.003 or p = 0.004, depending on how missing data were handled). Secondary disease activity scores also generally supported better efficacy for the non-TNF biologics; however, HAQ scores did not differ significantly between groups. Among the non-TNF biologics, the proportion of EULAR good and moderate responders at week 24 did not significantly differ between abatacept, rituximab, and tocilizumab (67%, 61%, and 80%, respectively). There were 8 patients (5%) in the second TNF inhibitor group and 16 patients (11%) in the non-TNF biologic group that experienced serious AEs (p = 0.10), predominantly infections and cardiovascular events. There were some limitations to this trial; notably, it had an open-label design, and adherence may have differed between groups because all non-TNF biologics were given as infusions under observation and most of the TNF inhibitor drugs were self-injected by patients. The authors concluded that among patients with RA inadequately treated with TNF inhibitors, a non-TNF biologic was more effective in achieving a good or moderate disease activity response at 24 weeks; however, a second TNF inhibitor was also often effective in producing clinical improvement.

Place in therapy

Ankylosing Spondylitis and Non-radiographic axial spondyloarthritis

- Updated guidelines for ankylosing spondylitis and non-radiographic axial spondyloarthritis are published by the American College of Rheumatology (ACR)/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network (Ward et al 2019). The guidelines strongly recommend treatment with TNF inhibitor over no treatment with TNF inhibitor, in adults with active AS despite treatment with NSAIDs. In adults with active AS despite treatment with the first TNF inhibitor used, they conditionally recommend treatment with secukinumab or ixekizumab over treatment with a different TNF inhibitor in patients with primary non-response to TNF inhibitor. In adults with active AS despite treatment with the first TNF inhibitor used, they conditionally recommend treatment with a different TNF inhibitor over treatment with a non-TNF inhibitor biologic in patients with secondary non-response to TNF inhibitor. In adults with active AS despite treatment with the first TNF inhibitor used, they strongly recommend against switching to treatment with a biosimilar of the first TNF inhibitor.

Crohn's Disease

- The 2025 American College of Gastroenterology (ACG) guideline for the management of Crohn's disease recommends the TNF inhibitors adalimumab, certolizumab, and infliximab for induction and maintenance of remission in patients with moderate to severe disease (Lichtenstein et al 2025). Due to the potential for immunogenicity and loss of response to TNF therapy, combination with immunotherapy may be considered. The combination of infliximab with an immunomodulator (thiopurine) is more effective than monotherapy with individual agents in patients with moderate to severe CD and who are naïve to both agents. Subcutaneous infliximab is an option for maintenance of remission following IV infliximab induction. Vedolizumab can be used for induction and maintenance of remission in patients with moderate to severe CD, and subcutaneous vedolizumab may be considered as a maintenance option in patients who respond to 2 doses of IV vedolizumab induction. Ustekinumab and risankizumab are also recommended as options for induction and maintenance of

remission, with risankizumab being preferred over ustekinumab in patients with prior TNF inhibitor therapy. Other recommended options for induction and maintenance of remission include mirikizumab and subcutaneous guselkumab (with option to use IV for induction). Upadacitinib is recommended for induction and maintenance of remission in patients who were exposed to prior TNF therapy.

- The 2021 American Gastroenterological Association (AGA) guideline on the medical management of moderate to severe CD strongly recommends the use of biologic monotherapy over thiopurine monotherapy for the induction of remission in adult outpatients and recommends TNF inhibitors or ustekinumab over no treatment for induction and maintenance of remission. In patients who are naïve to biologic drugs, infliximab, adalimumab, or ustekinumab are recommended over certolizumab pegol for the induction of remission and vedolizumab is suggested over certolizumab pegol. In patients who never responded to TNF inhibitors, the use of ustekinumab is recommended and the use of vedolizumab is suggested over no treatment for the induction of remission. In patients who previously responded to infliximab, the use of adalimumab or ustekinumab is recommended and the use of vedolizumab is suggested over no treatment for the induction of remission. (Feuerstein et al 2021).

JIA:

- The 2019 ACR and Arthritis Foundation guideline for the treatment of JIA focuses on therapy for non-systemic polyarthritis, sacroiliitis, and enthesitis. Recommendations for initial therapy include the use of DMARDs (MTX, lefunomide, or sulfasalazine); the preference for MTX over other agents is conditionally recommended. In children and adolescents with JIA and polyarthritis with moderate to high disease activity, addition of a biologic to DMARD (TNF inhibitor, abatacept, or tocilizumab) is conditionally recommended. Patients with continued disease activity and primary TNF inhibitor failure are conditionally recommended to receive abatacept or tocilizumab over a second TNF inhibitor. Children and adolescents with JIA and active sacroiliitis despite treatment with NSAIDs are strongly recommended to add TNF inhibitor therapy over continuing NSAID monotherapy (Ringold et al 2019).
- A 2021 guideline from the ACR addresses the treatment of oligoarthritis, temporomandibular joint arthritis, and SJIA (Onel et al 2022). For SJIA, an IL-1 inhibitor or IL-6 inhibitor is conditionally recommended for initial treatment; no specific agent is preferred. Monotherapy with an NSAID may also be considered for initial treatment of SJIA without macrophage activation syndrome. Systemic glucocorticoids are conditionally recommended as part of initial therapy for patients with macrophage activation syndrome. If residual arthritis is present despite these therapies, a conventional synthetic DMARD may be added, or a different biologic therapy may be tried. Patients without macrophage activation syndrome who experience incomplete response or intolerance to an initial IL-1 or IL-6 inhibitor may be switched to an alternative IL-1 or IL-6 inhibitor.

Plaque Psoriasis

- In 2019, the American Academy of Dermatologists (AAD) and National Psoriasis Foundation (NPF) published updated guidelines for the management and treatment of psoriasis with biologics (Menter et al 2019). The guidelines state that certolizumab is likely to have class characteristics similar to those of other TNF-a inhibitors regarding treatment combination, efficacy in difficult-to-treat areas, and possibly, immunogenicity. The guidelines also state that definitive response (positive or negative) to treatment with most TNF-a inhibitors is best ascertained after 12 to 16 weeks of continuous therapy, except for infliximab, for which the best time is after 8 to 10 weeks. In partially responding patients, the guidelines recommend considering dose escalation, an increase in frequency, or the addition of other modalities (such as topical corticosteroids or vitamin D analogues, methotrexate, acitretin, apremilast, or NB-UVB).

Psoriatic Arthritis

- The 2018 guidelines from ACR (2018) recommend a TNF inhibitor biologic agent over an oral small molecule (OSM) as a first-line option in treatment-naive patients with active PsA (Singh et al 2019). OSMs may be used instead of a TNF inhibitor biologic in patients without severe PsA and without severe psoriasis (final determination of severity to be made by the patient and the health care provider), those who prefer an oral drug instead of parenteral therapy, or those with contraindications to TNF inhibitor treatment, including

congestive heart failure, previous serious infections, recurrent infections, or demyelinating disease. All recommendations for treatment-naive patients with active PsA are conditional based on low- to very-low-quality evidence. For treatment-naive patients with active PsA, the use of a TNF inhibitor biologic or OSM is recommended over an interleukin-17 inhibitor (IL-17i) or IL-12/23i biologic. An IL-17i or IL-12/23i biologic may be used instead of TNF inhibitor biologics in patients with severe psoriasis or contraindications to TNF inhibitor biologics and may be used instead of OSMs in patients with severe psoriasis or severe PsA.

Rheumatoid Arthritis

- The 2021 guidelines from American College of Rheumatology (ACR) state that despite low-certainty evidence supporting greater improvement in disease activity with methotrexate plus a TNF inhibitor, methotrexate monotherapy is preferred over the combination because many patients will reach their goal on methotrexate monotherapy and because of the additional risks of toxicity and higher costs associated with TNF inhibitors (Fraenkel et al 2021). This recommendation is conditional because some patients, particularly those with poor prognostic factors, may prioritize more rapid onset of action and greater chance of improvement associated with combination therapy over the additional risks and costs associated with initial use of methotrexate in combination with a TNF inhibitor.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Cimzia is a tumor necrosis factor (TNF) blocker indicated for:

- 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
- Treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older
- Treatment of adult patients with active psoriatic arthritis.
- Treatment of adults with active ankylosing spondylitis
- Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation
- Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

References

1. Atsumi T, Tanaka Y, Yamamoto K, et al. Clinical benefit of 1-year certolizumab pegol (CZP) add-on therapy to methotrexate treatment in patients with early rheumatoid arthritis was observed following CZP discontinuation: 2-year results of the C-OPERA study, a phase III randomised trial. *Ann Rheum Dis*. 2017;76(8):1348-1356.
2. Atsumi T, Yamamoto K, Takeuchi T, et al. The first double-blind, randomised, parallel-group certolizumab pegol study in methotrexate-naïve early rheumatoid arthritis patients with poor prognostic factors, C-OPERA, shows inhibition of radiographic progression. *Ann Rheum Dis*. 2016;75:75-83.
3. Behm BW, Bickston SJ. Tumor necrosis factor-alpha antibody for maintenance of remission in Crohn's disease. *Cochrane Database Sys Rev*. 2008, Issue 1. Art. No.: CD006893. doi: 10.1002/14651858. CD006893.
4. Certolizumab pegol. Clinical Pharmacology powered by ClinicalKey. Philadelphia (PA): Elsevier; 2025. Available from: http://www.clinicalkey.com. Accessed on March 11, 2026.
5. Cimzia prescribing information. UCB, Inc. Smyrna, GA. September 2025.

6. Fleischmann R, Vencovsky J, van Vollenhoven RF, et al. Efficacy and safety of certolizumab pegol monotherapy every four weeks in patients with rheumatoid arthritis failing previous disease-modifying antirheumatic therapy: the FAST4WARD study. *Ann Rheum Dis*. 2009; 68:805-11.
7. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2021;73(7):1108-1123. doi:10.1002/art.41752.
8. Feuerstein JD, Ho EY, Shmidt E, et al. AGA Clinical Practice Guidelines on the medical management of moderate to severe luminal and perianal fistulizing Crohn's disease. *Gastroenterology*. 2021;160(7):2496-2508. doi:10.1053/j.gastro.2021.04.022.
9. Fu YM, Chen M, Liao AJ. A meta-analysis of adalimumab for fistula in Crohn's Disease. *Gastroentero Res Pract*. 2017;2017:1745692. doi: 10.1155/2017/1745692.
10. Gottenberg JE, Brocq O, Perdriger A, et al. Non-TNF-targeted biologic vs a second anti-TNF drug to treat rheumatoid arthritis in patients with insufficient response to a first anti-TNF drug: a randomized clinical trial. *JAMA*. 2016;316(11):1172-1180.
11. Keystone E, van der Heijde D, Mason D, et al. Certolizumab pegol plus methotrexate is significantly more effective than placebo plus methotrexate in active rheumatoid arthritis. *Arthritis Rheum*. 2008;58(11):3319-29.
12. Lichtenstein GR, Loftus EV, Afzali A, Long MD, et al. ACG clinical guideline: management of Crohn's disease in adults. *Am J Gastroenterol*. 2025;120(6):1225-1264. doi: 10.14309/ajg.0000000000003465.
13. Mease PJ, Fleischmann R, Deodhar AA, et al. Effect of certolizumab pegol on signs and symptoms in patients with psoriatic arthritis: 24-week results of a Phase 3 double-blind randomised placebo-controlled study (RAPID-PsA). *Ann Rheum Dis*. 2014;73:48-55.
14. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2019;80(4):1029-1072.
15. Onel KB, Horton DB, Lovell DJ, et al. 2021 American College of Rheumatology guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for oligoarthritis, temporomandibular joint arthritis, and systemic juvenile idiopathic arthritis. *Arthritis Rheumatol*. 2022;74(4):553-569. doi:10.1002/art.42037.
16. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. *Arthritis Care Res (Hoboken)*. 2019;71(6):717-734. doi: 10.1002/acr.23870.
17. Shao L-M, Chen M-Y, Chen Q-Y, et al. Meta-analysis: the efficacy and safety of certolizumab pegol in Crohn's disease. *Aliment Pharmacol Ther*. 2009;29(6):605-14. doi: 10.1111/j.1365-2036.2009.03929.
18. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. *Arthritis Rheumatol*. 2019 Jan;71(1):5-32. doi: 10.1002/art.40726. Epub 2018 Nov 30. PMID: 30499246; PMCID: PMC8218333.
19. Singh S, Kumar S, Pardi D, et al. Comparative efficacy of biologic therapy in biologic naïve patients with Crohn's disease: a systematic review and network meta-analysis. *Mayo Clin Proc*. 2014;89:1621-35. doi: 10.1016/j.mayocp.2014.08.019.
20. Smolen J, Landewe R, Mease P, et al. Efficacy and safety of certolizumab pegol plus methotrexate in active rheumatoid arthritis: the RAPID 2 study. A randomized controlled trial. *Ann Rheum Dis*. 2009[a];68:797-804.
21. Smolen JS, Emery P, Ferraccioli GF, et al. Certolizumab pegol in rheumatoid arthritis patients with low to moderate activity: the CERTAIN double-blind, randomized, placebo-controlled trial. *Ann Rheum Dis*. 2015[a];74:843-850. doi:10.1136/annrheumdis-2013-204632.
22. Ward MM, Deodhar A, Gensler LS, et al. 2019 update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol*. 2019;(10):1599-1613.

23. Wu G, Yang Y, Liu M, Wang Y, Guo Q. Systematic review and network meta-analysis: comparative efficacy and safety of biosimilars, biologics and JAK1 inhibitors for active Crohn disease. *Front Pharmacol*. 2021;12:655865. doi:10.3389/fphar.2021.655865.

Policy History/Revision Information

Date	Summary of Changes
11/16/2023	Approved by OptumRx P&T Committee
4/17/2024	Annual Review. Update to background section. No change to clinical criteria.
10/16/2024	Update to clinical criteria to remove trial of anthralin and coal tar for plaque psoriasis.
4/16/2025	Annual Review. pJIA indication added. Updates to all sections
4/15/2026	Annual Review. Updated verbiage under coverage rationale. Updated clinical guidelines and references.

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. The insurance reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

OptumRx may also use tools developed by third parties to assist us in administering health benefits. OptumRx Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Archived Policy Versions (Internal Only)

Effective Date	Policy Number	Policy Title
N/A		

Nondiscrimination & Language Access Policy

Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If *you* need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If *you* believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If *you* need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1-800-332-6501 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف1-800-332-6501(رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: _यान द_: य_द आप ि हंदी बोलते ह_ तो आपके ि लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_।1-800-332-6501 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-800-332-6501 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文， 您可以免費獲得語言援助服務。請 致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-6501 (TTY: 711).

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