

Cimzia® (Certolizumab Pegol)

Policy Number: 2026D0083L
Effective Date: February 1, 2026

[➔ Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Applicable Codes	6
Background	18
Benefit Considerations	19
Clinical Evidence	19
U.S. Food and Drug Administration	19
References	19
Policy History/Revision Information	20
Instructions for Use	22

Related Commercial Policy
<ul style="list-style-type: none"> Provider Administered Drugs – Site of Care
Community Plan Policy
<ul style="list-style-type: none"> Cimzia® (Certolizumab Pegol)

Coverage Rationale

[➔ See Benefit Considerations](#)

This policy refers to Cimzia (certolizumab pegol) injection. Cimzia (certolizumab pegol) for self-administered subcutaneous injection is obtained under the pharmacy benefit, unless otherwise specified in the member's benefit plan documents. Exception: For members enrolled in UnitedHealthcare of California plans with a delegated provider group conducting the prior authorization review, the self-administered Cimzia may be obtained under the medical benefit.

Crohn's Disease (CD)

Cimzia is proven for the treatment of Crohn's disease (CD) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderately to severely active Crohn's disease; **and**
 - Patient has had an inadequate response to conventional therapies (examples include anti-inflammatory drugs, corticosteroids, or oral immunosuppressive agents); **and**
 - Cimzia is initiated and titrated according to US Food and Drug Administration (FDA) labeled dosing for CD; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Entyvio (vedolizumab), Omvoh (mirikizumab-mrkz), Rinvoq (upadacitinib), Skyrizi (risankizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
 - Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for CD; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Entyvio (vedolizumab), Omvoh (mirikizumab-mrkz), Rinvoq (upadacitinib), Skyrizi (risankizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Cimzia is medically necessary for the treatment of Crohn's disease (CD) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderately to severely active Crohn's disease; **and**
 - One of the following:
 - History of failure to **one** of the following conventional therapies at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced:
 - Corticosteroids (e.g., prednisone, methylprednisolone, budesonide)

- 6-mercaptopurine (Purinethol)
- Azathioprine (Imuran)
- Methotrexate (Rheumatrex, Trexall)

or

- Patient has been previously treated with a systemic targeted immunomodulator FDA-approved for the treatment of Crohn's disease [e.g., adalimumab, Entyvio (vedolizumab), Omvoh (mirikizumab-mrkz), Rinvoq (upadacitinib), Skyrizi (risankizumab), Tremfya (guselkumab), ustekinumab]; **or**
- Patient is currently on Cimzia

and

- Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
- Cimzia is initiated and titrated according to US FDA labeled dosing for CD; **and**
- Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Entyvio (vedolizumab), Omvoh (mirikizumab-mrkz), Rinvoq (upadacitinib), Skyrizi (risankizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
- Prescribed by or in consultation with a gastroenterologist; **and**
- Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for CD; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Entyvio (vedolizumab), Omvoh (mirikizumab-mrkz), Rinvoq (upadacitinib), Skyrizi (risankizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Rheumatoid Arthritis (RA)

Cimzia is proven for the treatment of rheumatoid arthritis (RA) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderately to severely active rheumatoid arthritis; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for RA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orenzia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same indication; **and**
 - Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for RA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orenzia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Cimzia is medically necessary for the treatment of rheumatoid arthritis (RA) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderately to severely active rheumatoid arthritis; **and**
 - One of the following:
 - History of failure intolerance to a 3 month trial of one non-biologic disease modifying anti-rheumatic drug (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, hydroxychloroquine) at maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced; **or**
 - Patient has been previously treated with a systemic targeted immunomodulator FDA-approved for the treatment of rheumatoid arthritis [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orenzia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)]; **or**
 - Patient is currently on Cimzia

and

- Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**

- Cimzia is initiated and titrated according to US FDA labeled dosing for RA; **and**
- Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orencia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same indication]; **and**
- Prescribed by or in consultation with a rheumatologist; **and**
- Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for RA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orencia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Psoriatic Arthritis (PsA)

Cimzia is proven for the treatment of psoriatic arthritis (PsA) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of active psoriatic arthritis; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for PsA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Orencia (abatacept), Otezla (apremilast), Rinvoq (upadacitinib), Simponi (golimumab), Skyrizi (risankizumab), Taltz (ixekizumab), Tremfya (guselkumab), Xeljanz/Xeljanz XR (tofacitinib), ustekinumab] for treatment of the same indication; **and**
 - Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for PsA; **and**
 - Patient is not receiving Cimzia in combination with a targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Orencia (abatacept), Otezla (apremilast), Rinvoq (upadacitinib), Simponi (golimumab), Skyrizi (risankizumab), Taltz (ixekizumab), Tremfya (guselkumab), Xeljanz/Xeljanz XR (tofacitinib), ustekinumab] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Cimzia is medically necessary for the treatment of psoriatic arthritis (PsA) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of active psoriatic arthritis; **and**
 - One of the following:
 - History of failure to a 3 month trial of methotrexate at the maximally indicated dose, unless contraindicated or clinically significant adverse effects are experienced; **or**
 - Patient has been previously treated with a systemic targeted immunomodulator FDA-approved for the treatment of psoriatic arthritis [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Orencia (abatacept), Otezla (apremilast), Rinvoq (upadacitinib), Simponi (golimumab), Skyrizi (risankizumab), Taltz (ixekizumab), Tremfya (guselkumab), Xeljanz/Xeljanz XR (tofacitinib), ustekinumab]; **or**
 - Patient is currently on Cimzia
- and**
- Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
- Cimzia is initiated and titrated according to US FDA labeled dosing for PsA; **and**
- Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Orencia (abatacept), Otezla (apremilast), Rinvoq (upadacitinib), Simponi (golimumab), Skyrizi (risankizumab), Taltz (ixekizumab), Tremfya (guselkumab), Xeljanz/Xeljanz XR (tofacitinib), ustekinumab] for treatment of the same indication; **and**
- Prescribed by or in consultation with **one** of the following:
 - Rheumatologist
 - Dermatologist

and

- Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for PsA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Ocrencia (abatacept), Otezla (apremilast), Rinvoq (upadacitinib), Simponi (golimumab), Skyrizi (risankizumab), Taltz (ixekizumab), Tremfya (guselkumab), Xeljanz/Xeljanz XR (tofacitinib), ustekinumab] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (nr-axSpA)

Cimzia is proven for the treatment of ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of active ankylosing spondylitis or non-radiographic axial spondyloarthritis; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for AS or nr-axSpA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Olumiant (baricitinib), Ocrencia (abatacept), Simponi (golimumab), Rinvoq (upadacitinib), Taltz (ixekizumab), Xeljanz (tofacitinib)] for treatment of the same indication; **and**
 - Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for AS or nr-axSpA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Olumiant (baricitinib), Ocrencia (abatacept), Simponi (golimumab), Rinvoq (upadacitinib), Taltz (ixekizumab), Xeljanz (tofacitinib)] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Cimzia is medically necessary for the treatment of ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of active ankylosing spondylitis or non-radiographic axial spondyloarthritis; **and**
 - One of the following:
 - History of failure to **two** NSAIDs (e.g., ibuprofen, naproxen) at the maximally indicated doses, each used for at least 4 weeks, unless contraindicated or clinically significant adverse effects are experienced; **or**
 - Patient has been previously treated with a systemic targeted immunomodulator FDA-approved for the treatment of ankylosing spondylitis or nr-axSpA [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Olumiant (baricitinib), Ocrencia (abatacept), Simponi (golimumab), Rinvoq (upadacitinib), Taltz (ixekizumab), Xeljanz (tofacitinib)]; **or**
 - Patient is currently on Cimzia
- and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for AS or nr-axSpA; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Olumiant (baricitinib), Ocrencia (abatacept), Simponi (golimumab), Rinvoq (upadacitinib), Taltz (ixekizumab), Xeljanz (tofacitinib)] for treatment of the same indication; **and**
 - Prescribed by or in consultation with a rheumatologist; **and**
 - Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**

- Cimzia is initiated and titrated according to US FDA labeled dosing for AS or nr-axSpA; **and**
- Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Olumiant (baricitinib), Orenzia (abatacept), Simponi (golimumab), Rinvoq (upadacitinib), Taltz (ixekizumab), Xeljanz (tofacitinib)] for treatment of the same; **and**
- Authorization will be issued for 12 months

Plaque Psoriasis (PS)

Cimzia is proven for the treatment of plaque psoriasis (PS) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderate to severe plaque psoriasis; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for PS; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Ilumya (tildrakizumab), Otezla (apremilast), Skyrizi (risankizumab), Siliq (brodalumab), Sotyktu (deucravacitinib), Taltz (ixekizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
 - Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for PS; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Ilumya (tildrakizumab), Otezla (apremilast), Skyrizi (risankizumab), Siliq (brodalumab), Sotyktu (deucravacitinib), Taltz (ixekizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
 - Authorization will be issued for 12 months

Cimzia is medically necessary for the treatment of plaque psoriasis (PS) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderate to severe plaque psoriasis; **and**
 - One of the following:
 - All of the following:
 - Greater than or equal to 3% body surface area involvement, palmoplantar, facial, genital involvement, or severe scalp psoriasis; **and**
 - History of failure to one of the following topical therapies, unless contraindicated or clinically significant adverse effects are experienced:
 - Corticosteroids (e.g., betamethasone, clobetasol, desonide)
 - Vitamin D analogs (e.g., calcitriol, calcipotriene)
 - Tazarotene
 - Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
 - Anthralin
 - Coal tar
 - and**
 - History of failure to a 3 month trial of methotrexate at the maximally indicated dose, unless contraindicated or clinically significant adverse effects are experienced
 - or
 - Patient has been previously treated with a systemic targeted immunomodulator FDA-approved for the treatment of plaque psoriasis [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Ilumya (tildrakizumab), Otezla (apremilast), Skyrizi (risankizumab), Siliq (brodalumab), Sotyktu (deucravacitinib), Taltz (ixekizumab), Tremfya (guselkumab), ustekinumab]; **or**
 - Patient is currently on Cimzia
- and**
- Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
- Cimzia is initiated and titrated according to US FDA labeled dosing for PS; **and**
- Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Ilumya (tildrakizumab), Otezla (apremilast), Skyrizi (risankizumab), Siliq (brodalumab), Sotyktu (deucravacitinib), Taltz (ixekizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same indication; **and**
- Prescribed by or in consultation with a dermatologist; **and**

- Initial authorization will be issued for 12 months
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
 - Cimzia is initiated and titrated according to US FDA labeled dosing for PS; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Bimzelx (bimekizumab-bkzx), Cosentyx (secukinumab), Enbrel (etanercept), Ilumya (tildrakizumab), Otezla (apremilast), Skyrizi (risankizumab), Siliq (brodalumab), Sotyktu (deucravacitinib), Taltz (ixekizumab), Tremfya (guselkumab), ustekinumab] for treatment of the same; **and**
 - Authorization will be issued for 12 months

Cimzia is proven for the treatment of polyarticular juvenile idiopathic arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of active polyarticular juvenile idiopathic arthritis (PJIA); **and**
 - Cimzia is initiated and titrated according to U.S. Food and Drug Administration (FDA) labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orencia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same indication; **and**
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Cimzia injection for intravenous infusion; **and**
 - Documentation of positive clinical response; **and**
 - Cimzia is dosed according to FDA labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orencia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same indication; **and**
 - Authorization is for no more than 12 months

Cimzia is medically necessary for the treatment of polyarticular juvenile idiopathic arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of active polyarticular juvenile idiopathic arthritis (PJIA); **and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
 - Cimzia is initiated and titrated according to U.S. Food and Drug Administration (FDA) labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orencia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same; **and**
 - Prescribed by or in consultation with a rheumatologist; **and**
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Cimzia injection for intravenous infusion; **and**
 - Documentation of positive clinical response; **and**
 - Prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia FDA labeled for self-administration; prescriber must submit explanation; **and**
 - Cimzia is dosed according to FDA labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is not receiving Cimzia in combination with a systemic targeted immunomodulator [e.g., adalimumab, Enbrel (etanercept), Olumiant (baricitinib), Orencia (abatacept), Rinvoq (upadacitinib), Simponi (golimumab), Xeljanz/Xeljanz XR (tofacitinib)] for treatment of the same indication; **and**
 - Authorization is for no more than 12 months

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 when drug administered under the direct supervision of a physician, not for use when drug is self-administered)

Diagnosis 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
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
K60.30	Anal fistula, unspecified
K60.311	Anal fistula, simple, initial
K60.312	Anal fistula, simple, persistent
K60.313	Anal fistula, simple, recurrent
K60.319	Anal fistula, simple, unspecified
K60.321	Anal fistula, complex, initial
K60.322	Anal fistula, complex, persistent
K60.323	Anal fistula, complex, recurrent
K60.329	Anal fistula, complex, unspecified
K60.40	Rectal fistula, unspecified

Diagnosis Code	Description
K60.411	Rectal fistula, simple, initial
K60.412	Rectal fistula, simple, persistent
K60.413	Rectal fistula, simple, recurrent
K60.419	Rectal fistula, simple, unspecified
K60.421	Rectal fistula, complex, initial
K60.422	Rectal fistula, complex, persistent
K60.423	Rectal fistula, complex, recurrent
K60.429	Rectal fistula, complex, unspecified
K60.50	Anorectal fistula, unspecified
K60.511	Anorectal fistula, simple, initial
K60.512	Anorectal fistula, simple, persistent
K60.513	Anorectal fistula, simple, recurrent
K60.519	Anorectal fistula, simple, unspecified
K60.521	Anorectal fistula, complex, initial
K60.522	Anorectal fistula, complex, persistent
K60.523	Anorectal fistula, complex, recurrent
K60.529	Anorectal fistula, complex, unspecified
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.A	Abnormal rheumatoid factor and anti-citrullinated protein antibody with rheumatoid arthritis
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
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

Diagnosis Code	Description
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
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

Diagnosis Code	Description
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
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

Diagnosis Code	Description
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
M05.60	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

Diagnosis Code	Description
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
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

Diagnosis Code	Description
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
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

Diagnosis 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
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

Diagnosis Code	Description
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
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site
M08.0A	Unspecified juvenile rheumatoid arthritis, other specified site
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist
M08.041	Unspecified juvenile rheumatoid arthritis, right hand
M08.042	Unspecified juvenile rheumatoid arthritis, left hand
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand
M08.051	Unspecified juvenile rheumatoid arthritis, right hip
M08.052	Unspecified juvenile rheumatoid arthritis, left hip
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee

Diagnosis Code	Description
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
M08.1	Juvenile ankylosing spondylitis
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites
M08.2A	Juvenile rheumatoid arthritis with systemic onset, other specified site
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.80	Other juvenile arthritis, unspecified site
M08.811	Other juvenile arthritis, right shoulder
M08.812	Other juvenile arthritis, left shoulder
M08.819	Other juvenile arthritis, unspecified shoulder
M08.821	Other juvenile arthritis, right elbow
M08.822	Other juvenile arthritis, left elbow
M08.829	Other juvenile arthritis, unspecified elbow
M08.831	Other juvenile arthritis, right wrist
M08.832	Other juvenile arthritis, left wrist
M08.839	Other juvenile arthritis, unspecified wrist
M08.841	Other juvenile arthritis, right hand
M08.842	Other juvenile arthritis, left hand
M08.849	Other juvenile arthritis, unspecified hand

Diagnosis Code	Description
M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.859	Other juvenile arthritis, unspecified hip
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.869	Other juvenile arthritis, unspecified knee
M08.871	Other juvenile arthritis, right ankle and foot
M08.872	Other juvenile arthritis, left ankle and foot
M08.879	Other juvenile arthritis, unspecified ankle and foot
M08.88	Other juvenile arthritis, vertebrae
M08.89	Other juvenile arthritis, multiple sites
M08.90	Juvenile arthritis, unspecified, unspecified site
M08.9A	Juvenile arthritis, unspecified, other specified site
M08.911	Juvenile arthritis, unspecified, right shoulder
M08.912	Juvenile arthritis, unspecified, left shoulder
M08.919	Juvenile arthritis, unspecified, unspecified shoulder
M08.921	Juvenile arthritis, unspecified, right elbow
M08.922	Juvenile arthritis, unspecified, left elbow
M08.929	Juvenile arthritis, unspecified, unspecified elbow
M08.931	Juvenile arthritis, unspecified, right wrist
M08.932	Juvenile arthritis, unspecified, left wrist
M08.939	Juvenile arthritis, unspecified, unspecified wrist
M08.941	Juvenile arthritis, unspecified, right hand
M08.942	Juvenile arthritis, unspecified, left hand
M08.949	Juvenile arthritis, unspecified, unspecified hand
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.959	Juvenile arthritis, unspecified, unspecified hip
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M08.969	Juvenile arthritis, unspecified, unspecified knee
M08.971	Juvenile arthritis, unspecified, right ankle and foot
M08.972	Juvenile arthritis, unspecified, left ankle and foot
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot
M08.98	Juvenile arthritis, unspecified, vertebrae
M08.99	Juvenile arthritis, unspecified, multiple sites
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

Diagnosis Code	Description
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
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

Cimzia (certolizumab pegol) is a recombinant, humanized antibody Fab' fragment, with specificity for human tumor necrosis factor alpha (TNF α). TNF α is a key pro-inflammatory cytokine with a central role in inflammatory processes. Certolizumab pegol selectively neutralizes TNF α but does not neutralize lymphotoxin α (TNF β). Certolizumab pegol does not contain a fragment crystallizable (Fc) region, which is normally present in a complete antibody, and therefore does not fix complement or cause antibody-dependent cell-mediated cytotoxicity in vitro. It does not induce apoptosis in vitro in human peripheral blood-derived monocytes or lymphocytes, nor does certolizumab pegol induce neutrophil degranulation.

TNF α induces the upregulation of cellular adhesion molecules and chemokines, upregulation of major histocompatibility complex (MHC) class I and class II molecules, and direct leukocyte activation. TNF α stimulates the production of downstream inflammatory mediators, including interleukin-1, 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 pegol 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 and fecal concentrations of TNF α in patients with Crohn's disease have been shown to

reflect clinical severity of the disease. After treatment with certolizumab pegol, patients with Crohn's disease demonstrated a decrease in the levels of C-reactive protein (CRP). 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.

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy.

Clinical Evidence

Proven

Cimzia (certolizumab pegol) is 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 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
- Treatment of active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older

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 (certolizumab pegol) 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 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
- Treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older

References

1. Cimzia [package insert]. Smyrna, GA: UCB, Inc; September 2025.
2. Singh JA, Saag KG, Bridges SL, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care & Research. Arthritis Rheum.* 2016;68(1):1-26.
3. MCG™ Care Guidelines. Ambulatory Care 24th Edition. Certolizumab.
4. U.S. Food and Drug Administration Information for Healthcare Professionals: Tumor Necrosis Factor (TNF) Blockers (marketed as Remicade, Enbrel, Humira, Cimzia, and Simponi). <https://www.fda.gov/drugs/drug-safety-and-availability/postmarket-drug-safety-information-patients-and-providers>. Accessed July 1, 2013.
5. U.S. Food and Drug Administration Drug Safety Communication: UPDATE on Tumor Necrosis Factor (TNF) blockers and risk for pediatric malignancy. <http://www.fda.gov/Drugs/DrugSafety/ucm278267.htm>. Accessed July 1, 2013.
6. U.S. Food and Drug Administration Drug Safety Communication: Drug labels for the Tumor Necrosis Factor-alpha (TNF α) blockers now include warnings about infection with Legionella and Listeria bacteria. <http://www.fda.gov/Drugs/DrugSafety/ucm270849.htm>. Accessed July 1, 2013.

7. 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 Apr;80(4):1029-1072.
8. Hamilton L, Barkham N, Bhalla A, et al. BSR and BHPR guideline for the treatment of axial spondyloarthritis (including ankylosing spondylitis) with biologics. *Rheumatology (Oxford)*. 2017 Feb;56(2):313-316. van der Heijde D, Ramiro S, Landewé R, et al. 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis. *Ann Rheum Dis*. 2017 Jun;76(6):978-991.
9. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care Res*. 2021 Jul;73(7):924-939.
10. 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.
11. 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 Jun;71(6):717-734.

Policy History/Revision Information

Date	Summary of Changes
02/01/2026	<p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Replaced references to “targeted immunomodulator” with “<i>systemic</i> targeted immunomodulator” ● Revised coverage criteria: <ul style="list-style-type: none"> ○ Added medical necessity criterion requiring prescriber attestation that the patient or caregiver is not able to be trained or are physically unable to administer Cimzia U.S. FDA labeled for self-administration (the prescriber must submit the explanation) <p>Crohn's Disease (CD)</p> <ul style="list-style-type: none"> ○ Updated list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Cimzia for treatment of the same indication: <ul style="list-style-type: none"> ▪ Added: <ul style="list-style-type: none"> – Entyvio (vedolizumab) – Omvoh (mirikizumab-mrkz) – Tremfya (guselkumab) ▪ Removed: <ul style="list-style-type: none"> – Enbrel (etanercept) – Olumiant (baricitinib) – Orencia (abatacept) – Simponi (golimumab) – Xeljanz (tofacitinib) ▪ Replaced “<i>Stelara</i> (ustekinumab)” with “ustekinumab” ○ Updated list of examples of systemic targeted immunomodulators U.S. FDA approved for the treatment of Crohn's disease with which the patient has been previously treated for initial therapy: <ul style="list-style-type: none"> ▪ Added: <ul style="list-style-type: none"> – Entyvio (vedolizumab) – Omvoh (mirikizumab-mrkz) – Tremfya (guselkumab) ▪ Replaced “<i>Stelara</i> (ustekinumab)” with “ustekinumab” <p>Rheumatoid Arthritis (RA)</p> <ul style="list-style-type: none"> ○ Updated list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Cimzia for treatment of the same indication; replaced “Xeljanz (tofacitinib)” with “Xeljanz/<i>Xeljanz XR</i> (tofacitinib)” ○ Updated list of examples of systemic targeted immunomodulators U.S. FDA approved for the treatment of rheumatoid arthritis with which the patient has been previously treated for initial therapy; replaced “Xeljanz (tofacitinib)” with “Xeljanz/<i>Xeljanz XR</i> (tofacitinib)” <p>Psoriatic Arthritis (PsA)</p> <ul style="list-style-type: none"> ○ Updated list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Cimzia for treatment of the same indication: <ul style="list-style-type: none"> ▪ Added Bimzelx (bimekizumab-bkzx)

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Removed Olumiant (baricitinib) ▪ Replaced: <ul style="list-style-type: none"> – “<i>Stelara</i> (ustekinumab)” with “ustekinumab” – “Xeljanz (tofacitinib)” with “Xeljanz/<i>Xeljanz XR</i> (tofacitinib)” ○ Updated list of examples of systemic targeted immunomodulators U.S. FDA approved for the treatment of psoriatic arthritis with which the patient has been previously treated for initial therapy: <ul style="list-style-type: none"> ▪ Added Bimzelx (bimekizumab-bkzx) ▪ Removed Olumiant (baricitinib) ▪ Replaced: <ul style="list-style-type: none"> – “<i>Stelara</i> (ustekinumab)” with “ustekinumab” – “Xeljanz (tofacitinib)” with “Xeljanz/<i>Xeljanz XR</i> (tofacitinib)” <p>Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (nr-axSpA)</p> <ul style="list-style-type: none"> ○ Updated list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Cimzia for treatment of the same indication; added: <ul style="list-style-type: none"> ▪ Bimzelx (bimekizumab-bkzx) ▪ Cosentyx (secukinumab) ▪ Taltz (ixekizumab) ○ Updated list of examples of systemic targeted immunomodulators U.S. FDA approved for the treatment of ankylosing spondylitis or nr-axSpA with which the patient has been previously treated for initial therapy: <ul style="list-style-type: none"> ▪ Added: <ul style="list-style-type: none"> – Bimzelx (bimekizumab-bkzx) – Cosentyx (secukinumab) – Enbrel (etanercept) – Olumiant (baricitinib) – Orencia (abatacept) – Taltz (ixekizumab) ▪ Replaced “Xeljanz (tofacitinib)” with “Xeljanz/<i>Xeljanz XR</i> (tofacitinib)” <p>Plaque Psoriasis (PS)</p> <ul style="list-style-type: none"> ○ Updated list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Cimzia for treatment of the same indication: <ul style="list-style-type: none"> ▪ Added: <ul style="list-style-type: none"> – Bimzelx (bimekizumab-bkzx) – Sotyktu (deucravacitinib) ▪ Removed: <ul style="list-style-type: none"> – Olumiant (baricitinib) – Orencia (abatacept) – Rinvoq (upadacitinib) – Simponi (golimumab) – Xeljanz (tofacitinib) ▪ Replaced “<i>Stelara</i> (ustekinumab)” with “ustekinumab” ○ Updated list of examples of systemic targeted immunomodulators U.S. FDA approved for the treatment of plaque psoriasis with which the patient has been previously treated for initial therapy: <ul style="list-style-type: none"> ▪ Added: <ul style="list-style-type: none"> – Bimzelx (bimekizumab-bkzx) – Cosentyx (secukinumab) – Enbrel (etanercept) – Ilumya (tildrakizumab) – Siliq (brodalumab) – Sotyktu (deucravacitinib) – Taltz (ixekizumab) ▪ Replaced “<i>Stelara</i> (ustekinumab)” with “ustekinumab” <p>Polyarticular Juvenile Idiopathic Arthritis</p>

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Updated list of examples of systemic targeted immunomodulators the patient must not be receiving in combination with Cimzia for treatment of the same indication; replaced “Xeljanz (tofacitinib)” with “Xeljanz/Xeljanz XR (tofacitinib)” <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Removed CPT codes 96372 and 96401 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Clinical Evidence</i> and <i>References</i> sections to reflect the most current information ● Archived previous policy version 2025D0083K

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare 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, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare 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.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare 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.