

# Cimzia (certolizumab pegol) — HCPCS J0717

CARECOST ESTIMATE · BILLING CHEAT SHEET

UCB Inc. 200 mg/mL prefilled syringe / vial / e-Device Subcutaneous (NOT IV) Reviewed: May 2, 2026 ASP: Q2 2026

<b>HCPCS</b> <b>J0717</b> 1 mg = 1 unit	<b>LOADING DOSE</b> <b>400 units</b> 400 mg SC, wks 0/2/4	<b>MODIFIER</b> <b>JZ</b> Single-dose syringe, no waste	<b>ADMIN CPT</b> <b>96372</b> Therapeutic SC (NOT IV)	<b>MEDICARE ASP+6%</b> <b>\$3.790</b> /mg · \$1,516.00/400 mg
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### CODES & NDC

<b>HCPCS</b>	J0717 — "Inj, certolizumab pegol, 1 mg" (medical benefit / office-administered only)
<b>NDC (PFS)</b>	50474-700-79 (10) / 50474-0700-79 (11) — 2 × 200 mg/mL prefilled syringe Starter Kit; N4 qualifier
<b>NDC (VIAL)</b>	50474-710-62 — 200 mg lyophilized powder kit (requires reconstitution)
<b>E-DEVICE</b>	UCB AutoClicks / SmartJect prefilled e-Device (verify NDC on UCB CIMplicity)
<b>BENEFIT</b>	<b>Medical</b> (J0717, office-admin) <b>OR Pharmacy</b> (NDC, home self-inject) — verify pathway BEFORE encounter

### DOSING (6 INDICATIONS)

INDICATION	LOADING	MAINTENANCE
RA / PsA / AS / nr-axSpA	400 mg SC wks 0, 2, 4	<b>400 mg q4wk OR 200 mg q2wk</b>
Plaque psoriasis	(none) or 400 mg wks 0, 2, 4 if ≤90 kg	400 mg q2wk; if ≤90 kg may use 200 mg q2wk after first 3 doses
Crohn's disease (adult)	400 mg SC wks 0, 2, 4	<b>400 mg q4wk</b>

400 mg dose = 2 × 200 mg injections at separate sites. Pediatric Crohn's NOT approved.

### ADMINISTRATION & MODIFIERS

CODE	WHEN
96372	<b>Primary code.</b> Therapeutic SC injection, non-chemo. Use for office-administered Cimzia.
96401	Some payers accept for biologic SC; 96372 is safer default
96365 / 96413	<b>NOT appropriate.</b> Cimzia is SC, NEVER IV.

**JZ on virtually every claim** — single-dose syringe with zero waste. JW rare with prefilled syringes. Two injections (400 mg) = one 96372 unit per encounter for most payers.

### ICD-10 BY INDICATION

CODE	FOR
M05.x / M06.x	Rheumatoid arthritis (seropositive / other)
L40.5x / M07.x	Psoriatic arthritis
M45.x	Ankylosing spondylitis (specify region)
M46.8	nr-axSpA — requires elevated CRP or MRI inflammation
L40.0 / L40.x	Plaque psoriasis (BSA ≥10% or PASI/DLQI thresholds)
K50.x	Crohn's disease ADULT only (specify location: K50.0x small, K50.1x large, K50.8x both, K50.9x unspecified)

**Pediatric Crohn's NOT approved.** Use alternative TNFi with pediatric labeling (infliximab, adalimumab).

### PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP / NOTES
UnitedHealthcare	Yes	Step from Humira / Enbrel typical; pregnancy = exception
Aetna	Yes	Failure of one preferred TNFi typical; pregnancy exception
BCBS plans	Yes	Most require step; FEP follows tiered formulary; biosimilar adalimumab often required first
Cigna / Express Scripts	Yes	Step through Humira biosimilar; SP-dispensed pharmacy benefit typical
Medicare Part B	No (FFS); MA may PA	Office-administered only
Medicare Part D	Yes	Tier 5 specialty; self-injection at home

## MEDICAL VS PHARMACY BENEFIT

	MEDICAL (J0717)	PHARMACY (NDC)
Setting	Office / clinic / ASC	Patient home self-inject
Drug code	J0717 + units	NDC only (no J0717)
Admin code	96372	None
Form	CMS-1500 / 837P	Pharmacy NCPDP
Medicare	Part B (incident-to MD)	Part D (specialty tier)

**Most common Cimzia error:** billing J0717 medical when SP already filled it pharmacy = duplicate billing denial + recoupment.

## PRE-TREATMENT SCREENING (MANDATORY)

- **TB screening (PPD or IGRA)** — baseline; treat LTBI before/concurrent
- **Hepatitis B serology** — HBV reactivation risk in carriers
- **Vaccination review** — live vaccines BEFORE start; none while on therapy
- **CHF screening** — TNFi caution in NYHA III/IV
- **Demyelinating history** — caution in MS / optic neuritis

**TB screening = non-negotiable.** Document PPD/IGRA result + date. Missing TB doc = frequent PA denial cause.

## UCB CIMPLICITY — PATIENT ASSISTANCE

- **Phone:** 1-844-246-9425 (1-844-2-CIMZIA)
- **Cost Coverage Support (commercial copay):** up to **\$20,000/year** — commercial only, excludes Medicare/Medicaid/federal
- **Patient Assistance Program (PAP):** free drug for uninsured / underinsured
- **Bridge program:** short-term free drug while PA in process
- **Foundations (Medicare):** PAN, HealthWell — verify open RA/PsA/Crohn's/PsO funds
- **Web:** cimzia.com/patient-support/cimplycity

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	<b>\$3.790 / mg</b> (effective 4/1 – 6/30/2026)
200 mg dose	<b>\$758.00</b> (200 × \$3.790)
400 mg dose (loading or q4wk)	<b>\$1,516.00</b> (400 × \$3.790)
Year-1 (RA, 200 mg q2wk)	~\$25,256 (3 loading + 24 maint)
Steady-state annual	~\$19,708 (200 mg q2wk × 26 OR 400 mg q4wk × 13)

## SITE OF CARE

SETTING	POS	NOTES
Patient home (self-inject)	n/a	<b>Most common</b> — pharmacy benefit
Physician office	11	Medical benefit; preferred when office-administered
Ambulatory infusion suite	49	Acceptable; uncommon for SC-only suite
Hospital outpatient	19/22	Disfavored — commercial steers SC out of HOPD

**Pregnancy advantage:** Cimzia is PEGylated Fab' (no Fc) → minimal placental transfer (CRIB study: cord blood <0.41 µg/mL). ACR / EULAR / AGA often prefer over Humira / Enbrel / Remicade / Simponi when TNFi needed in pregnancy. Document in PA narrative.

**BOXED WARNING — SERIOUS INFECTIONS + MALIGNANCIES:** Active TB (often disseminated/extrapulmonary; latent TB reactivation), invasive fungal (histo, cocci, candidiasis, blasto, pneumocystosis), bacterial / viral / opportunistic. Lymphoma + HSTCL postmarketing reports (adolescents/young adults on TNFi + thiopurines for IBD). **Mandatory pre-Tx TB + HBV screening.** D/C if serious infection or sepsis develops.