Non-formulary **certolizumab (Cimzia®)** will be covered on the prescription drug benefit when the following criteria are met:

1. **Diagnosis of rheumatoid arthritis, psoriatic arthritis, spondyloarthropathy, or inflammatory bowel disease**
   - **AND**
     - Patient is intolerant to treatment with at least 1 preferred anti-TNF agent (ie, etanercept, adalimumab, infliximab)
   - **OR**
     - Treatment failure with at least 1 preferred anti-TNF agent (ie, etanercept, adalimumab, infliximab)
   - **OR**
     - Patient is pregnant/attempting to conceive