MONTANA HEALTHCARE PROGRAMS
Prior Authorization Criteria

Version 1, 3-7-18

SIMPONI ARIA® Golimumab

SIMPONI ARIA is tumor necrosis factor (TNF) blocker

Indications:

1. Treatment of adults with moderately-to-severely active rheumatoid arthritis (in combination with methotrexate)
2. Treatment of adults with active ankylosing spondylitis
3. Treatment of adults with active psoriatic arthritis

Criteria for Approval:

1. Member has one of the three approved indications listed above.
2. Must be prescribed by or in consult with an appropriate specialist (rheumatologist, dermatologist)
3. Member has failed on NSAIDs (for ankylosing spondylitis and psoriatic arthritis), oral DMARDS, and a preferred TNF blocker (Humira, Enbrel)
4. Member is 18 years of age or older.

Administration

SIMPONI ARIA is administered as an IV infusion over 30 minutes.

Quantity Limit:

- 2mg/kg at weeks zero, four, and then every 8 weeks thereafter.
- Initial approval will be for 6 months. Must show evidence of therapeutic benefit for renewal.

Criteria for Renewal Authorization Approval:

1. Yearly follow-up or consult with appropriate specialist
2. Evidence of continued therapeutic benefit

3. Compliance with treatment regimen. If treating rheumatoid arthritis, must also be compliant with methotrexate.

References:

1. SIMPONI ARIA ® [package insert] Horsham, PA; Janssen Biotech, Inc.; 2/2018, Accessed March 3, 2018.
2. Lexicomp Online® , Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; March 6, 2018
3. Cohen, S., & Cannella, A. Treatment of rheumatoid arthritis in adults resistant to initial biologic DMARD therapy. Romain, P. ed. UpToDate. Waltham, MA: UpToDate Inc. https://www.uptodate.com/contents/treatment-of-rheumatoid-arthritis-in-adults-resistant-to-initial-biologic-dmard-therapy?search=Simponi%20aria&source=search_result&selectedTitle=7~60&usage_type=default&display_rank=7 (accessed on March 6, 2018)