

Montana Healthcare Programs
Physician Administered Drug Coverage Criteria
SIMPONI ARIA® (golimumab infusion)

I. Medication Description

Simponi Aria® is a tumor necrosis factor (TNF) blocker that is indicated for the treatment of:

- Adult patients with moderately to severely active Rheumatoid Arthritis (RA) in combination with methotrexate.
- Active Psoriatic Arthritis (PsA) in patients 2 years of age and older.
- Adult patients with active Ankylosing Spondylitis (AS).
- Active polyarticular Juvenile Idiopathic Arthritis (pJIA) in patients 2 years of age and older.

II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request.

III. Initial Coverage Criteria

Rheumatoid Arthritis (RA)

Member must meet all the following criteria:

- Member is 18 years of age or older.
- Medication is prescribed by or in consult with a rheumatologist (consultation must be made yearly).
- Member has failed an oral DMARD (e.g. methotrexate) and a Montana Healthcare Programs Preferred TNF inhibitor (Enbrel®, Humira®).
- Member will be taking Simponi Aria® in conjunction with methotrexate.

Psoriatic Arthritis (PsA)

Member must meet all the following criteria:

- Member is 2 years of age or older.
- Medication is prescribed by or in consult with a rheumatologist and/or dermatologist (consultation must be made yearly).
- Member has failed or has contraindications to a non-steroidal anti-inflammatory (NSAID), and an oral DMARD.
- Member has failed a Montana Healthcare Program Preferred TNF inhibitor (Enbrel®, Humira®).

Ankylosing Spondylitis (AS)

Member must meet all the following criteria:

- Member is 18 years of age or older.
- Medication is prescribed by or in consult with a rheumatologist (consultation must be made yearly).
- Member has failed or has contraindications to a non-steroidal anti-inflammatory (NSAID), and an oral DMARD.
- Member has failed a Montana Healthcare Program Preferred TNF inhibitor (Enbrel®, Humira®).

Polyarticular Juvenile Idiopathic Arthritis (pJIA)

Member must meet all the following criteria:

- Member is 2 years of age or older.
- Medication is prescribed by or in consult with a rheumatologist (consultation must be made yearly).

- Member has failed a Montana Healthcare Program Preferred Drug List TNF inhibitor
 - (Enbrel® and Humira® are indicated for pJIA in members 2 years of age and older).

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Member has been adherent to Simponi Aria®.
- Members with Rheumatoid Arthritis must also be compliant with methotrexate.
- Member has experienced a positive clinical response.
- Annual specialist consult provided if prescriber not a specialist.

V. Quantity Limitations

Adults with RA/PsA/AS: 2mg/kg IV at weeks 0 and 4 and every 8 weeks thereafter.

Pediatric with pJIA/PsA: 80mg/m² IV at weeks 0 and 4 and every 8 weeks thereafter.

VI. Coverage Duration

Initial approval duration: 6 months

Renewal approval duration: 1 year