Mass General Brigham
Health Plan

Simponi Aria (golimumab)
Effective 01/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693 **Non-Specialty Medications** All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Simponi Aria (golimumab) is a tumor necrosis factor (TNF) inhibitor indicated for treatment of:

- Adult patients with moderately to severely active rheumatoid arthritis in combination with methotrexate
- Active psoriatic arthritis in patients 2 years of age and older
- Adult patients with active ankylosing spondylitis
- Active polyarticular juvenile idiopathic arthritis (pJIA)

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members who meet all the follow diagnosis-specific criteria:

Moderately to severely active rheumatoid arthritis (RA)

1. Diagnosis of moderately to severely active rheumatoid arthritis (RA)
2. Member has minimum duration of a 3-month trial and failure, intolerance, or contraindication to ONE of the following conventional therapies at maximally tolerated doses:
    a. Methotrexate
    b. Leflunomide
    c. Sulfasalazine

Active psoriatic arthritis (PsA)

1. Diagnosis of active psoriatic arthritis (PsA)
2. The member meets ONE of the following:
    a. Actively inflamed joints

b. Dactylitis
c. Enthesitis
d. Axial disease
e. Active skin and/or nail involvement

Active ankylosing spondylitis (AS)

1. Diagnosis of active ankylosing spondylitis
2. Member has minimal duration of 1-month trial and failure, contraindication, or intolerance to TWO different non-steroidal anti-inflammatory drugs (NSAIDs) at maximally tolerated doses.

Polyarticular Juvenile Idiopathic Arthritis (pJIA)

1. Diagnosis of active polyarticular juvenile idiopathic arthritis (pJIA)
2. Member has a minimal duration of a 6-week trial and failure, intolerance, or contraindication to ONE of the following conventional therapies at maximally tolerated doses:
    a. Leflunomide
    b. Methotrexate

Continuation of Therapy

Requests for reauthorizations for all diagnoses will be granted when the following criteria are met:

1. Documentation is submitted supporting improvement in member's condition as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months
2. The following quantity limits apply:

Drug Name	Quantity Limit
Simponi Aria	4 vials per 8 weeks

References

1. Simponi Aria (golimumab) [prescribing information]. Horsham, PA: Janssen Biotech Inc; February 2021.
2. Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. Ann Rheum Dis. 2017; 0:1-18.
3. S Braun J, Baraliakos X, Hermann KG, et al. The effect of two golimumab doses on radiographic progression in ankylosing spondylitis: results through 4 years of the GO-RAISE trial. Ann Rheum Dis 2014; 73:1107.
4. Weinblatt ME, Bingham CO 3rd, Mendelsohn AM, et al. Intravenous golimumab is effective in patients with active rheumatoid arthritis despite methotrexate therapy with responses as early as week 2: results of the phase 3, randomised, multicentre, double-blind, placebo-controlled GOFURTHER trial. Ann Rheum Dis. 2013 Mar; 72(3):381-9

Review History

02/22/10 – Reviewed
04/05/10 – Implemented
02/28/11 – Reviewed
02/27/12 – Reviewed
02/25/13 – Reviewed
08/26/13 – Weight-based QL applied to PA

01/13/14 – Simponi Aria update
02/24/14 – Reviewed
02/23/15 – Reviewed
02/22/16 – Reviewed
02/27/17 – Adopted SGM & PDS
02/26/18 – Updated
02/20/19 – Updated
11/20/19 – Added Rinvoq as a preferred trial for RA. Added UC indications to Simponi. Combined Simponi and Simponi Aria
10/31/2020 – Reviewed; Updated criteria for Comm/Exch strategy for implementation on 1/1/21. Separated out Simponi and Simponi Aria.
09/22/2022 – Reviewed and Updated for Sept P&T. Updated QL to allow for 4 inj per 8 weeks in line with FDA dosing. Effective 11/1/2022.
11/15/2023 – Reviewed and Updated for Nov P&T; Removed Appendices. Removed TB requirement. For Psoriatic arthritis: removed conventional therapies and added examples of active PSA. Rheumatoid arthritis: updated conventional therapies to include methotrexate, leflunomide, sulfasalazine. Added indication of Polyarticular Juvenile Idiopathic Arthritis (PJIA)**.** Effective 1/1/2024
10/09/2024 – Reviewed and updated for October P&T. Updated pJIA diagnosis to “active.” Updated reauthorization criteria to require documentation of clinical response to therapy. Effective 1/1/2025.