Mass General Brigham
Health Plan

# Simponi (golimumab)
# Effective 05/01/2026

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| **Plan** | ☐ MassHealth UPPL<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ Medical Benefit | | |
| **Specialty Limitations** | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. | | |
| **Contact Information** | **Medical Benefit**<br>**Pharmacy Benefit** | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>Fax: 844-403-1029 |
| **Exceptions** | N/A | | |

**Overview**

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

1. Adult patients with moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate
2. Adult patients with active psoriatic arthritis (PsA), alone or in combination with methotrexate
3. Adult patients with active ankylosing spondylitis (AS)
4. Adult and pediatric patients weighing at least 15 kg with moderate to severely active ulcerative colitis (UC)

**Coverage Guidelines**

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

**OR**

Authorization may be granted when all of the following diagnosis-specific criteria have been met:

**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 minimum duration of 1-month trial and failure, contraindication, or intolerance to TWO different non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.

**Ulcerative colitis (UC)**

1. Diagnosis of moderately to severely active ulcerative colitis (UC)
2. ONE of the following:
    a. Trial and failure, intolerance, or contraindication to ONE of the following conventional therapies:
        i. 6-mercaptopurine
        ii. Aminosalicylate (e.g., mesalamine, olsalazine, sulfasalazine)
        iii. Azathioprine
        iv. Corticosteroids (e.g., prednisone)
    b. Disease severity warrants systemic biologic as first-line therapy

**Continuation of Therapy**

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

1. Submission of medical records (e.g., chart notes) demonstrating an 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 on the pharmacy benefit:

| Drug Name and Dosage Form | Quantity Limitation |
|---|---|
| Simponi prefilled syringe/autoinjector | 1 injection per 28 days |

**References**


1. 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.
2. Simponi (golimumab) [prescribing information]. Horsham, PA: Janssen Biotech Inc; October 2025.
3. 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.
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.
03/16/2022 – Reviewed and updated for March P&T; Added Rinvoq and Skyrizi as preferred trial for PsA. Effective 05/01/2022
09/21/2022 – Reviewed and Updated for Sept P&T; added Rinvoq as preferred agent for diagnosis of ankylosing spondylitis and ulcerative colitis. Effective 11/01/22.
11/15/2023 – Reviewed and Updated for Nov P&T; Simponi will be preferred agent for all indications. Removed prior use of preferred agents. Removed Appendices. Removed TB requirement. For Psoriatic arthritis: removed conventional therapies and added examples of active PSA. Ulcerative Colitis: added examples of moderate to severe UC. Updated conventional therapies to include examples. Rheumatoid arthritis: updated conventional therapies to include methotrexate, leflunomide, sulfasalazine. Effective 1/1/2024
10/09/2024 – Reviewed and updated for October P&T. Updated reauthorization criteria to require documentation of clinical response to therapy. Effective 1/1/2025.
05/14/2025 – Reviewed and updated for May P&T. Updated criteria for ulcerative colitis to remove disease characteristic requirement and allow for approval if disease severity warrants systemic biologic as first-line therapy. Effective 07/1/2025.
10/08/2025 – Reviewed and updated at October P&T. Minor verbiage updates to trial language for ankylosing spondylitis; intent remains the same. Effective 01/01/2026.
12/23/2025 – Reviewed and updated via December P&T e-vote. Updated ulcerative colitis criteria to remove corticosteroid dependence as an approvable condition to align with updated package labeling. Effective 03/01/2026.
03/11/2026 – Reviewed and updated for March P&T. Administrative update - changing verbiage in reauthorization criteria from “documentation is submitted” to “submission of medical records (e.g., chart notes…” and updating language for members who are new to the Plan. Effective 05/01/2026.