

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:

- 18 years of age or older
- Medication is prescribed by or in consult with a rheumatologist (consultation must be made yearly).
- Will be taking Simponi Aria® in conjunction with methotrexate
- Has failed an oral disease-modifying antirheumatic drug (DMARD) and a Montana Healthcare Programs-preferred TNF inhibitor
 - List of Montana Healthcare Programs-preferred drugs can be found at <https://medicaidprovider.mt.gov/19>.

Psoriatic Arthritis (PsA)

Member must meet all the following criteria:

- 2 years of age or older
- Medication is prescribed by or in consult with a rheumatologist and/or dermatologist (consultation must be made yearly).
- Has failed or has contraindications to a non-steroidal anti-inflammatory (NSAID) and an oral DMARD
- Has failed a Montana Healthcare Programs-preferred TNF inhibitor
 - List of Montana Healthcare Programs-preferred drugs can be found at <https://medicaidprovider.mt.gov/19>.

Ankylosing Spondylitis (AS)

Member must meet all the following criteria:

- 18 years of age or older
- Medication is prescribed by or in consult with a rheumatologist (consultation must be made yearly).
- Has failed or has contraindications to a non-steroidal anti-inflammatory (NSAID) and an oral DMARD
- Has failed a Montana Healthcare Programs-preferred TNF inhibitor
 - List of Montana Healthcare Programs-preferred drugs can be found at <https://medicaidprovider.mt.gov/19>.

Polyarticular Juvenile Idiopathic Arthritis (pJIA)

Member must meet all the following criteria:

- 2 years of age or older
- Medication is prescribed by or in consult with a rheumatologist (consultation must be made yearly).
- Has failed a Montana Healthcare Programs-preferred drug list TNF inhibitor
 - List of Montana Healthcare Programs-preferred drugs can be found at <https://medicaidprovider.mt.gov/19>.

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Has been adherent to Simponi Aria®
- Members with RA must also be compliant with methotrexate.
- 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