

Clinical Policy: Golimumab (Simponi, Simponi Aria)

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[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

Description

Golimumab (Simponi[®], Simponi Aria[®]) is a tumor necrosis factor (TNF) blocker.

FDA Approved Indication(s)

Simponi is indicated for the treatment of:

- Adult patients with moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate (MTX)
- Adult patients with active psoriatic arthritis (PsA) alone, or in combination with MTX
- Adult patients with active ankylosing spondylitis (AS)
- Adult patients with moderately to severely active ulcerative colitis (UC) who have demonstrated corticosteroid dependence or who have had an inadequate response to or failed to tolerate oral aminosalicylates, oral corticosteroids, azathioprine, or 6-mercaptopurine (6-MP) for:
 - Inducing and maintaining clinical response
 - Improving endoscopic appearance of the mucosa during induction
 - Inducing clinical remission
 - Achieving and sustaining clinical remission in induction responders

Simponi Aria is indicated for the treatment of:

- Adult patients with moderately to severely active RA in combination with MTX
- Active PsA in patients 2 years of age and older
- Adult patients with active AS
- Active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Simponi and Simponi Aria are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Ankylosing Spondylitis (must meet all):

1. Diagnosis of AS;
2. Prescribed by or in consultation with a rheumatologist;
3. Age ≥ 18 years;
4. Failure of at least TWO non-steroidal anti-inflammatory drugs (NSAIDs) at up to maximally indicated doses, each used for ≥ 4 weeks unless contraindicated or clinically significant adverse effects are experienced;
5. Failure of at least TWO of the following, each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced: Enbrel[®], Humira[®], Cimzia[®];
**Prior authorization may be required for Enbrel, Humira, and Cimzia*
6. Dose does not exceed one of the following (a or b):

- a. Simponi: 50 mg SC once monthly;
- b. Simponi Aria: 2 mg/kg IV at weeks 0 and 4, followed by maintenance dose of 2 mg/kg every 8 weeks (see *Appendix F for dose rounding guidelines*).

Approval duration: 6 months

B. Polyarticular Juvenile Idiopathic Arthritis (must meet all):

1. Diagnosis of PJIA as evidenced by ≥ 5 joints with active arthritis;
2. Request is for Simponi Aria;
3. Prescribed by or in consultation with a rheumatologist;
4. Age ≥ 2 years;
5. Documented baseline 10-joint clinical juvenile arthritis disease activity score (cJADAS-10) (see *Appendix J*);
6. Member meets one of the following (a, b, c, or d):
 - a. Failure of a ≥ 3 consecutive month trial of MTX at up to maximally indicated doses;
 - b. Member has intolerance or contraindication to MTX (see *Appendix D*), and failure of a ≥ 3 consecutive month trial of leflunomide or sulfasalazine at up to maximally indicated doses, unless clinically significant adverse effects are experienced or both are contraindicated;
 - c. For sacroiliitis/axial spine involvement (i.e., spine, hip), failure of a ≥ 4 week trial of an NSAID at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
 - d. Documented presence of high disease activity as evidenced by a cJADAS-10 > 8.5 (see *Appendix J*);
7. Failure of Enbrel AND Humira, each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced;
**Prior authorization may be required for etanercept and adalimumab*
8. Dose does not exceed 80 mg/m² IV every 8 weeks (see *Appendix F for dose rounding guidelines*).

Approval duration: 6 months

C. Psoriatic Arthritis (must meet all):

1. Diagnosis of PsA;
2. Prescribed in consultation with a dermatologist or rheumatologist;
3. Member meets one of the following (a or b):
 - a. Age ≥ 2 years and request is for Simponi Aria;
 - b. Age ≥ 18 years;
4. Failure of at least TWO of the following, each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced: Enbrel, Humira, Cimzia, Xeljanz®/Xeljanz® XR;
**Prior authorization may be required for Enbrel, Humira, Cimzia, and Xeljanz/Xeljanz XR*
5. Dose does not exceed one of the following (a or b):
 - a. Simponi: 50 mg SC once monthly;
 - b. Simponi Aria: 2 mg/kg IV at weeks 0 and 4, followed by maintenance dose of 2 mg/kg every 8 weeks (see *Appendix F for dose rounding guidelines*).

Approval duration: 6 months

D. Rheumatoid Arthritis (must meet all):

1. Diagnosis of RA per American College of Rheumatology (ACR) criteria (see *Appendix G*);
2. Prescribed by or in consultation with a rheumatologist;
3. Age ≥ 18 years;
4. Member meets one of the following (a or b):
 - a. Failure of a ≥ 3 consecutive month trial of MTX at up to maximally indicated doses;
 - b. Member has intolerance or contraindication to MTX (see *Appendix D*), and failure of a ≥ 3 consecutive month trial of at least ONE conventional disease-modifying anti-rheumatic drug [DMARD] (e.g., sulfasalazine, leflunomide, hydroxychloroquine) at up to maximally

indicated doses, unless clinically significant adverse effects are experienced or all are contraindicated;

5. Failure of at least TWO of the following, each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced: Enbrel, Humira, Cimzia, Xeljanz/Xeljanz XR;
**Prior authorization may be required for Enbrel, Humira, Cimzia, and Xeljanz/Xeljanz XR*
6. Prescribed concomitantly with MTX, or another DMARD if intolerance or contraindication to MTX;
7. Documentation of one of the following baseline assessment scores (a or b):
 - a. Clinical disease activity index (CDAI) score (*see Appendix H*);
 - b. Routine assessment of patient index data 3 (RAPID) score (*see Appendix I*);
8. Dose does not exceed one of the following (a or b):
 - a. Simponi: 50 mg SC once monthly;
 - b. Simponi Aria: 2 mg/kg IV at weeks 0 and 4, followed by maintenance dose of 2 mg/kg every 8 weeks (*see Appendix F for dose rounding guidelines*).

Approval duration: 6 months

E. Ulcerative Colitis (must meet all):

1. Diagnosis of UC;
2. Request is for Simponi (SC formulation);
3. Prescribed by or in consultation with a gastroenterologist;
4. Age ≥ 18 years;
5. Documentation of a Mayo Score ≥ 6 (*see Appendix E*);
6. Failure of an 8-week trial of systemic corticosteroids, unless contraindicated or clinically significant adverse effects are experienced;
7. Failure of a ≥ 3 consecutive month trial of Humira and Xeljanz/Xeljanz XR, unless contraindicated or clinically significant adverse effects are experienced;
***Prior authorization may be required for Humira and Xeljanz/Xeljanz XR*
8. Dose does not exceed 200 mg at week 0, 100 mg at week 2, followed by maintenance dose of 100 mg every 4 weeks.

Approval duration: 6 months

F. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications in Section I (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member meets one of the following (a, b, or c):
 - a. For RA: Member is responding positively to therapy as evidenced by one of the following (i or ii):
 - i. A decrease in CDAI (*see Appendix H*) or RAPID3 (*see Appendix I*) score from baseline;
 - ii. Medical justification stating ability to conduct CDAI re-assessment, and submission of RAPID3 score associated with disease severity that is similar to initial CDAI assessment or improved;
 - b. For pJIA: Member is responding positively to therapy as evidenced by a decrease in cJADAS-10 from baseline (*see Appendix J*);
 - c. For all other indications: Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed the following (a, b, or c):
 - a. RA, PsA, AS (i or ii):
 - i. Simponi: 50 mg SC once monthly;
 - ii. Simponi Aria: 2 mg/kg IV every 8 weeks (*see Appendix F for dose rounding guidelines*);

- b. UC (Simponi): 100 mg SC every 4 weeks;
- c. PJIA (Simponi Aria): 80 mg/m² IV every 8 weeks (see Appendix F for dose rounding guidelines).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents;
- B. Combination use of biological disease-modifying antirheumatic drugs (bDMARDs), including any tumor necrosis factor (TNF) antagonists [Cimzia[®], Enbrel[®], Simponi[®], Avsola[™], Inflectra[™], Remicade[®], Renflexis[™]], interleukin agents [Arcalyst[®] (IL-1 blocker), Ilaris[®] (IL-1 blocker), Kineret[®] (IL-1RA), Actemra[®] (IL-6RA), Kevzara[®] (IL-6RA), Stelara[®] (IL-12/23 inhibitor), Cosentyx[®] (IL-17A inhibitor), Taltz[®] (IL-17A inhibitor), Siliq[™] (IL-17RA), Ilumya[™] (IL-23 inhibitor), Skyrizi[™] (IL-23 inhibitor), Tremfya[®] (IL-23 inhibitor)], janus kinase inhibitors (JAKi) [Xeljanz[®]/Xeljanz[®] XR, Rinvoq[™]], anti-CD20 monoclonal antibodies [Rituxan[®], Riabni[™], Ruxience[™], Truxima[®], and Rituxan Hycela[®]], selective co-stimulation modulators [Orencia[®]], or integrin receptor antagonists [Entyvio[®]] because of the possibility of increased immunosuppression, neutropenia and increased risk of infection.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

6-MP: 6-mercaptopurine
AS: ankylosing spondylitis
CDAI: clinical disease activity index
cJADAS: clinical juvenile arthritis disease activity score
DMARD: disease modifying antirheumatic drug
FDA: Food and Drug Administration
MTX: methotrexate

NSAID: non-steroidal anti-inflammatory drug
PJIA: polyarticular juvenile idiopathic arthritis
PsA: psoriatic arthritis
RA: rheumatoid arthritis
RAPID3: routine assessment of patient assessment index data 3
TNF: tumor necrosis factor
UC: ulcerative colitis

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
azathioprine (Azasan [®] , Imuran [®])	RA 1 mg/kg/day PO QD or divided BID UC* 1.5 – 2 mg/kg/day PO	2.5 mg/kg/day
Cuprimine [®] (d-penicillamine)	RA* <u>Initial dose:</u> 125 or 250 mg PO QD <u>Maintenance dose:</u> 500 – 750 mg/day PO QD	1,500 mg/day
cyclosporine (Sandimmune Neoral [®])	RA 2.5 – 4 mg/kg/day PO divided BID	4 mg/kg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
hydroxychloroquine (Plaquenil [®])	RA* <u>Initial dose:</u> 400 – 600 mg PO QD <u>Maintenance dose:</u> 200 – 400 mg PO QD	600 mg/day
leflunomide (Arava [®])	RA 100 mg PO QD for 3 days, then 20 mg PO QD pJIA* Weight < 20 kg: 10 mg every other day Weight 20 - 40 kg: 10 mg/day Weight > 40 kg: 20 mg/day	20 mg/day
6-mercaptopurine (Purixan [®])	UC* 50 mg PO QD or 1 – 2 mg/kg/day PO	2 mg/kg/day
methotrexate (Rheumatrex [®])	RA 7.5 mg/week PO, SC, or IM or 2.5 mg PO Q12hr for 3 doses/week UC* 15 – 25 mg/week IM or SC pJIA* 10 – 20 mg/m ² /week PO, SC, or IM	30 mg/week
NSAIDs (e.g., indomethacin, ibuprofen, naproxen, celecoxib)	AS Varies	Varies
Pentasa [®] (mesalamine)	UC 1,000 mg PO QID	4 g/day
Ridaura [®] (auranofin)	RA 6 mg PO QD or 3 mg PO BID	9 mg/day (3 mg TID)
sulfasalazine (Azulfidine [®])	RA 2 g/day PO in divided doses UC <u>Initial dose:</u> 3 – 4 g/day PO in divided doses(not to exceed Q8 hrs) <u>Maintenance dose:</u> 2 g/day PO QD pJIA* 30-50 mg/kg/day PO divided BID	RA: 3 g/day UC: 4 g/day
Enbrel [®] (etanercept)	AS 50 mg SC once weekly PsA, RA 25 mg SC twice weekly or 50 mg SC once weekly pJIA Weight < 63 kg: 0.8 mg/kg SC once weekly Weight ≥ 63 kg: 50 mg SC once weekly	50 mg/week

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Humira® (adalimumab)	<p>AS, PsA 40 mg SC every other week</p> <p>RA 40 mg SC every other week (may increase to once weekly)</p> <p>UC <u>Initial dose:</u> 160 mg SC on Day 1, then 80 mg SC on Day 15 <u>Maintenance dose:</u> 40 mg SC every other week starting on Day 29</p>	<p>AS, PsA, UC: 40 mg every other week</p> <p>RA: 40 mg/week</p>
Cimzia® (certolizumab)	<p>AS, PsA, RA Initial dose: 400 mg SC at 0, 2, and 4 Weeks</p> <p>Maintenance dose: 200 mg SC every other week (or 400 mg SC every 4 weeks)</p>	400 mg every 4 weeks
Xeljanz® (tofacitinib, immediate-release)	<p>PsA, RA 5 mg PO BID</p> <p>UC 10 mg PO BID for 8 weeks; then 5 mg PO BID</p> <p>pJIA</p> <ul style="list-style-type: none"> • 10 kg ≤ body weight < 20 kg: 3.2 mg (3.2 mL oral solution) PO BID • 20 kg ≤ body weight < 40 kg: 4 mg (4 mL oral solution) PO BID • Body weight ≥ 40 kg: 5 mg PO BID 	<p>PJIA, PsA, RA: 10 mg/day</p> <p>UC maintenance: 10 mg/day</p>
Xeljanz XR® (tofacitinib, extended-release)	<p>PsA, RA 11 mg PO QD</p> <p>UC 22 mg PO QD for 8 weeks; then 11 mg PO QD</p>	11 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

*Off-label

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): none reported
- Boxed warning(s): serious infections and malignancy

Appendix D: General Information

- Definition of failure of MTX or DMARDs:
 - Child-bearing age is not considered a contraindication for use of MTX. Each drug has risks in pregnancy. An educated patient and family planning would allow use of MTX in patients who have no intention of immediate pregnancy.

- Social use of alcohol is not considered a contraindication for use of MTX. MTX may only be contraindicated if patients choose to drink over 14 units of alcohol per week. However, excessive alcohol drinking can lead to worsening of the condition, so patients who are serious about clinical response to therapy should refrain from excessive alcohol consumption.
- Examples of positive response to therapy may include, but are not limited to:
 - Reduction in joint pain/swelling/tenderness
 - Improvement in ESR/CRP levels
 - Improvements in activities of daily living

Appendix E: Mayo Score

- Mayo Score: evaluates ulcerative colitis stage, based on four parameters: stool frequency, rectal bleeding, endoscopic evaluation and Physician's global assessment. Each parameter of the score ranges from zero (normal or inactive disease) to 3 (severe activity) with an overall score of 12.

Score	Decoding
0 – 2	Remission
3 – 5	Mild activity
6 – 10	Moderate activity
>10	Severe activity

- The following may be considered for medical justification supporting inability to use an immunomodulator for ulcerative colitis:
 - Documentation of Mayo Score 6 – 12 indicative of moderate to severe ulcerative colitis.

Appendix F: Dose Rounding Guidelines

Weight-based Dose Range	Vial Quantity Recommendation
≤ 52.49 mg	1 vial of 50 mg/4 mL
52.5 to 104.99 mg	2 vials of 50 mg/4 mL
105 to 157.49 mg	3 vials of 50 mg/4 mL
157.5 to 209.99 mg	4 vials of 50 mg/4 mL
210 to 262.49 mg	5 vials of 50 mg/4 mL

Appendix G: The 2010 ACR Classification Criteria for RA

Add score of categories A through D; a score of ≥ 6 out of 10 is needed for classification of a patient as having definite RA.

A	Joint involvement	Score
	1 large joint	0
	2-10 large joints	1
	1-3 small joints (with or without involvement of large joints)	2
	4-10 small joints (with or without involvement of large joints)	3
	> 10 joints (at least one small joint)	5
B	Serology (at least one test result is needed for classification)	
	Negative rheumatoid factor (RF) and negative anti-citrullinated protein antibody (ACPA)	0
	Low positive RF or low positive ACPA * Low: < 3 x upper limit of normal	2
	High positive RF or high positive ACPA * High: ≥ 3 x upper limit of normal	3
C	Acute phase reactants (at least one test result is needed for classification)	
	Normal C-reactive protein (CRP) and normal erythrocyte sedimentation rate (ESR)	0
	Abnormal CRP or abnormal ESR	1
D	Duration of symptoms	
	< 6 weeks	0
	≥ 6 weeks	1

Appendix H: Clinical Disease Activity Index (CDAI) Score

The Clinical Disease Activity Index (CDAI) is a composite index for assessing disease activity in RA. CDAI is based on the simple summation of the count of swollen/tender joint count of 28 joints along with patient and physician global assessment on VAS (0–10 cm) Scale for estimating disease activity. The CDAI score ranges from 0 to 76.

CDAI Score	Disease state interpretation
≤ 2.8	Remission
> 2.8 to ≤ 10	Low disease activity
> 10 to ≤ 22	Moderate disease activity
> 22	High disease activity

Appendix I: Routine Assessment of Patient Index Data 3 (RAPID3) Score

The Routine Assessment of Patient Index Data 3 (RAPID3) is a pooled index of the three patient-reported ACR core data set measures: function, pain, and patient global estimate of status. Each of the individual measures is scored 0 – 10, and the maximum achievable score is 30.

RAPID3 Score	Disease state interpretation
≤ 3	Remission
3.1 to 6	Low disease activity
6.1 to 12	Moderate disease activity
> 12	High disease activity

Appendix J: Clinical Juvenile Arthritis Disease Activity Score based on 10 joints (cJADAS-10)

The cJADAS10 is a continuous disease activity score specific to JIA and consisting of the following three parameters totaling a maximum of 30 points:

- Physician’s global assessment of disease activity measured on a 0-10 visual analog scale (VAS), where 0 = no activity and 10 = maximum activity;
- Parent global assessment of well-being measured on a 0-10 VAS, where 0 = very well and 10 = very poor;
- Count of joints with active disease to a maximum count of 10 active joints*

*ACR definition of active joint: presence of swelling (not due to currently inactive synovitis or to bony enlargement) or, if swelling is not present, limitation of motion accompanied by pain, tenderness, or both

cJADAS-10	Disease state interpretation
≤ 1	Inactive disease
1.1 to 2.5	Low disease activity
2.51 to 8.5	Moderate disease activity
> 8.5	High disease activity

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Golimumab (Simponi)	AS	50 mg SC once monthly	50 mg/month
	PsA		
	RA		
	UC		
Golimumab (Simponi Aria)	AS	Adults: Initial dose (AS, PsA, RA): 2 mg/kg IV at weeks 0 and 4 Adults: Maintenance dose (AS, PsA, RA): 2 mg/kg IV every 8 weeks Pediatrics: Initial dose (PsA, PJIA): 80 mg/m ² IV at weeks 0 and 4 Pediatrics: Maintenance dose (PsA, PJIA): 80 mg/m ² IV every 8 weeks	Adults (AS, PsA, RA): 2 mg/kg every 8 weeks Pediatrics (PsA, PJIA): 80 mg/m ² every 8 weeks
	PsA		
	RA		
	PJIA		

VI. Product Availability

Drug Name	Availability
Golimumab (Simponi)	Single-dose prefilled SmartJect® autoinjector: 50 mg/0.5mL, 100 mg/1mL Single-dose prefilled syringe: 50 mg/0.5mL, 100 mg/1mL
Golimumab (Simponi Aria)	Single-use vial: 50 mg/4mL

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	04.20.21	05.21

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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