

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Golimumab 50 mg (Simponi 50 mg)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **golimumab 50 mg (Simponi)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
 - Patient has tried and failed/intolerant to at least 1 non-biologic DMARD:
 - Methotrexate
 - Sulfasalazine
 - Hydroxychloroquine
 - Leflunomide
 - Patient has tried and failed/intolerant to 2 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
 - Etanercept (criteria based)
 - Patient has tried and failed/intolerant to or has a contraindication to all of the following:
 - Tocilizumab (criteria based)
 - Abatacept (criteria based)
2. Prescriber is a rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe] and/or enthesitis [inflammation of the entheses])
 - Patient has tried and failed/intolerant to 2 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
 - Etanercept (criteria based)
 - Patient has tried and failed/intolerant to or has a contraindication to all of the following:
 - Secukinumab (criteria based)

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- Abatacept (criteria based) (unless documented by prescriber that patient has active psoriasis requiring biologic treatment)
 - Apremilast (criteria based)
 - Guselkumab (criteria based)
 - Risankizumab-rzaa (criteria based)
3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
- Patient has tried and failed/intolerant to 2 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
 - Etanercept (criteria based)
 - Patient has tried and failed/intolerance or contraindication to secukinumab (criteria based)