

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Golimumab 100 mg (Simponi 100 mg)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **golimumab 100 mg (Simponi 100 mg)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a Gastroenterologist
- Patient has a diagnosis of ulcerative colitis
- Patient has tried and failed/intolerant to or has a contraindication to all of the following:
 - Infliximab product
 - Tofacitinib (criteria based)
 - Vedolizumab
 - Adalimumab (criteria based)

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **golimumab 100 mg (Simponi 100 mg)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a Gastroenterologist
- Patient has a diagnosis of ulcerative colitis
- Patient currently stable on subcutaneous golimumab 100 mg