Simponi Aria
Effective 02/20/19

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Simponi Aria is a tumor necrosis factor (TNF) blocker indicated for the treatment of adult patients with moderately to severely active Rheumatoid Arthritis (RA) in combination with methotrexate.

Coverage Guidelines
Authorization may be granted when the following criteria are met:

1. Member has a diagnosis of RA, AS or PsA **AND**
2. Prescriber has provided documentation of ONE of the following*:
    a. Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine)
    b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication

    AND
3. Dosing is appropriate (see appendix A) **AND**
4. Prescriber provides clinical rationale for use of requested agent instead of Enbrel and Humira (i.e. member has had an inadequate response, adverse reaction, or contraindication to Humira AND Enbrel.)

**DMARD trial is not required in members with active ankylosing spondylitis or psoriatic arthritis with axial (spine) involvement (including sacroiliitis) whose condition is not sufficiently controlled with NSAIDs.*

Continuation of Therapy
Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations

1. Initial approvals will be for 6 months.
2. Reauthorizations will be for 12 months.

Appendix

Dosing

Simponi Aria (golimumab for infusion)	**Rheumatoid arthritis (moderate-severe):** 2 mg/kg IV at weeks 0 and 4, then every 8 weeks in combination with methotrexate

References

1. Simponi Aria (golimumab) [prescribing information]. Horsham, PA: Janssen Biotech Inc; May 2018.
2. 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.
3. SBraun 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.
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 – Efective
02/28/11 – Reviewed
02/27/12 – Reviewed
02/25/13 – Reviewed
01/13/14 – Reviewed and revised (Simponi Aria update; 08/26/13 file & plan decision wt-based QL applied to PA)
02/23/15 – Reviewed
02/22/16 – Reviewed
02/27/17 – Reviewed and revised (adopted SGM& ST) in P&T Meeting
03/01/18 – Reviewed (adopted MH RS)
02/20/19 – Reviewed in P&T Meeting

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