

**CRITERIA FOR PRIOR AUTHORIZATION**

Simponi<sup>®</sup> (golimumab)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Golimumab (Simponi<sup>®</sup>)

**CRITERIA FOR RHEUMATOID ARTHRITIS (RA)** Must meet all of the following:

- Patient must have a diagnosis of moderate to severe, active rheumatoid arthritis
- Must be given in combination with methotrexate, unless patient has a contraindication to methotrexate
- Must be prescribed by or in consultation with a rheumatologist
- Patient must have an evaluation for latent tuberculosis (TB) with a TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days

**CRITERIA FOR PSORIATIC ARTHRITIS (PSA)** Must meet all of the following:

- Patient must have a diagnosis of active psoriatic arthritis
- Must be prescribed by or in consultation with a rheumatologist or dermatologist
- Patient must have an evaluation for latent TB with a TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days

**CRITERIA FOR ANKYLOSING SPONDYLITIS (AS)** Must meet all of the following:

- Patient must have a diagnosis of active Ankylosing spondylitis
- Must be prescribed by or in consultation with a rheumatologist
- Patient must have an evaluation for latent TB with a TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days

PA Criteria

**CRITERIA FOR ULCERATIVE COLITIS (UC)** Must meet all of the following:

- Patient must have a diagnosis of moderate to severe, active ulcerative colitis
- Patient must meet one of the following
  - Patient has had an inadequate response to or failed to tolerate one of the following
    - oral aminosalicylates
    - oral corticosteroids
    - azathioprine
    - 6-mercaptopurine
  - Patient has an inability to taper corticosteroids without a return of the symptoms of UC (i.e., patient is corticosteroid dependent)
- Patient must have an evaluation for latent TB with a TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days

**LENGTH OF APPROVAL** 12 months

<b>Biologic Agents</b>	
<b>Generic Name</b>	<b>Brand Name</b>
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Tofacitinib	Xeljanz®
Ustekinumab	Stelara®

## PA Criteria

<b>Revision History</b>	
<b>Revision Date</b>	<b>Revision</b>
April 13, 2016	Changed approval duration to 12 months from 6 months
July 10, 2013	Add criteria for new indication, ulcerative colitis
April 11, 2012	Add criteria to look for history of another biologic agent
July 8, 2009	Initial prior authorization criteria approved