Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE
Golimumab 50 mg (Simponi)

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 2 of the following:
     o Infliximab product
     o Adalimumab product (criteria based)
     o Etanercept product (criteria based)
   - Patient has tried and failed/intolerant to or has a contraindication to all of the following:
     o Tofacitinib (criteria based)
     o Tocilizumab (criteria based)
     o Abatacept (criteria based)

2. Prescriber is a rheumatologist and patient has a diagnosis of psoriatic arthritis
   - Patient has tried and failed/intolerant to 2 of the following:
     o Infliximab product
     o Adalimumab product (criteria based)
     o Etanercept product (criteria based)
   - Patient has tried and failed/intolerant to or has a contraindication to all of the following:
     o Tofacitinib (criteria based)
     o Secukinumab (criteria based)
     o Abatacept (criteria based)
     o Apremilast (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:
     o Infliximab product
     o Adalimumab product (criteria based)
     o Etanercept product (criteria based)
   - Patient has tried and failed/intolerance or contraindication to secukinumab (criteria based)