Criteria for new therapy coverage and stable or new member coverage: Non-formulary golimumab 50 mg (Simponi) will be covered on the prescription drug benefit when the following criteria are met:

1.) Patient has a diagnosis of rheumatoid arthritis and prescribed by Rheumatology

   – AND –

   Patient has intolerance to, contraindication to, or failed treatment with all of the following: tofacitinib (Xeljanz), tocilizumab (Actemra), abatacept (Orencia), and at least 2 anti-TNFs (adalimumab, etanercept, or infliximab product)

   – OR –

2.) Patient has a diagnosis of psoriatic arthritis and prescribed by Rheumatology

   – AND –

   Patient has intolerance to, contraindication to, or failed treatment with all of the following: tofacitinib (Xeljanz), secukinumab (Cosentyx), abatacept (Orencia), and at least 2 anti-TNFs (adalimumab, etanercept, or infliximab product)

   – OR –

3.) Patient has a diagnosis of spondyloarthropathy and prescribed by Rheumatology

   – AND –

   Patient has intolerance to, contraindication to, or failed treatment with all of the following: secukinumab (Cosentyx) and at least 2 anti-TNFs (adalimumab, etanercept, or infliximab product)