Simponi / Simponi ARIA

Description

Simponi / Simponi ARIA (golimumab)

Background
Tumor necrosis factor-alpha (TNF-α) is a protein produced by the body’s immune system. In certain autoimmune diseases, such as rheumatoid arthritis (RA), ankylosing spondylitis, psoriatic arthritis, and ulcerative colitis, there is an overproduction of TNF-α which causes the immune system to attack parts of the body (1). Simponi and Simponi ARIA works by binding to the tumor necrosis factor (TNF), which prevents the binding of TNF-α to its receptors and reducing the inflammation (2).

Regulatory Status
FDA- approved indication: Simponi and Simponi ARIA are tumor necrosis factor (TNF) blockers indicated for the treatment of: (2-3)

1. **Rheumatoid Arthritis (RA)** - Simponi and Simponi ARIA, in combination with methotrexate, are indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis

2. **Psoriatic Arthritis (PsA)** - Simponi and Simponi ARIA, alone or in combination with methotrexate other non-biologic Disease-modifying Antirheumatic Drugs (DMARDs), is indicated for the treatment of adult patients with active psoriatic arthritis
3. **Ankylosing Spondylitis (AS) - Simponi and Simponi ARIA** alone or in combination with methotrexate other non-biologic Disease-modifying Antirheumatic Drugs (DMARDs), is indicated for the treatment of adult patients with active ankylosing spondylitis (and axial spondyloarthritis)

4. **Ulcerative Colitis – Simponi** is indicated in adult patients with moderately to severely active ulcerative colitis who have demonstrated corticosteroid dependence or who have had an inadequate response to or failed to tolerate oral aminosalicylates, oral corticosteroids, azathioprine, or 6-mercaptopurine for inducing and maintaining clinical response, improving endoscopic appearance of the mucosa during induction, inducing clinical remission, achieving and sustaining clinical remission in induction responders

Simponi and Simponi ARIA carry boxed warnings regarding serious infections and malignancies. Because Simponi and Simponi ARIA suppress the immune system, patients are at a greater risk for getting serious infections leading to hospitalization or death, including tuberculosis (TB), invasive fungal infections, and infections due to other opportunistic pathogens. Lymphoma and other malignancies have been reported in children and adolescent patients treated with TNF blockers. Simponi and Simponi ARIA are not indicated for use in pediatric patients (2).

Patients should be screened for latent tuberculosis infection. Patients at risk for hepatitis B virus (HBV) infection should be evaluated for evidence of prior HBV infection. Hepatitis B virus carriers should be monitored for reactivation during and several months after therapy. Simponi and Simponi ARIA should not be used in combination with other biologic agents. Simponi and Simponi ARIA should not be initiated in patients with an active infection. Simponi and Simponi ARIA should be discontinued if a patient develops a serious infection during treatment (2).

For the treatment of RA, Simponi and Simponi ARIA should be used with methotrexate (MTX) or other conventional disease modifying anti-rheumatic drugs (DMARD). Since the presence or absence of concomitant MTX did not appear to influence the efficacy or safety of Simponi and Simponi ARIA in the treatment of PsA or AS, Simponi and Simponi ARIA can be used with or without MTX in the treatment of PsA and AS (2).

An increased risk of serious infections has been seen in clinical RA trials of other TNF-blockers used in combination with anakinra or abatacept, with no added benefit; therefore, use of Simponi and Simponi ARIA with abatacept or anakinra is not recommended. A higher rate of serious infections has also been observed in RA patients treated with rituximab who received subsequent treatment with a TNF-blocker. The concomitant use of Simponi and Simponi ARIA
with biologics is not recommended because of the possibility of an increased risk of infection (2).

Safety and effectiveness of Simponi and Simponi ARIA in pediatric patients less than 18 years of age has not been established (2).

Related policies
Actemra, Cimzia, Cosentyx, Enbrel, Envyvio, Humira, Infliximab, Kevzara, Kineret, Olumiant, Orencia, Otezla, Rinoq, Rituxan, Stelara, Taltz, Xeljanz

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Simponi may be considered medically necessary for patients 18 years of age or older for the treatment of moderately or severely active rheumatoid arthritis (RA), psoriatic arthritis (PsA), active ankylosing spondylitis (axial spondyloarthritis) or ulcerative colitis (UC); and if the conditions indicated below are met.

Simponi ARIA may be considered medically necessary for patients 18 years of age or older for the treatment of moderately or severely active rheumatoid arthritis (RA), psoriatic arthritis (PsA), active ankylosing spondylitis (axial spondyloarthritis) and if the conditions indicated below are met.

Simponi and Simponi ARIA may be considered investigational in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age
18 years of age or older

Diagnoses

Patient must have ONE of the following:

Simponi and Simponi Aria
1. Moderately to severely active Rheumatoid Arthritis (RA)
   a. Inadequate response, intolerance, or contraindication to a 3-month trial of at least ONE conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 1)
   b. If NO contraindication or intolerance to methotrexate, must be used in combination with methotrexate (MTX) (See Appendix 2)
   c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of ONE of the following:
      i. Simponi Aria IV infusion: 2mg/kg every 8 weeks
      ii. Simponi Subcutaneous administration: 50 mg every 4 weeks
   d. Patient MUST have tried ONE of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

2. Active Psoriatic Arthritis (PsA)
   a. Inadequate response, intolerance, or contraindication to a 3-month trial of at least ONE conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 1)
   b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of ONE of the following:
      i. Simponi Aria IV infusion: 2mg/kg every 8 weeks
      ii. Simponi Subcutaneous administration: 50 mg every 4 weeks
   c. Patient MUST have tried ONE of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

3. Active Ankylosing Spondylitis (axial spondyloarthritis)
   a. Inadequate response, intolerance, or contraindication to at least 2 different NSAIDS (non-steroidal anti-inflammatory drugs) over a 4-week period in total at maximum recommended or tolerated dose
   b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of ONE of the following:
      i. Simponi Aria IV infusion: 2mg/kg every 8 weeks
      ii. Simponi Subcutaneous administration: 50 mg every 4 weeks
   c. Patient MUST have tried ONE of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)
Simponi ONLY

1. Ulcerative Colitis

AND ONE of the following for UC:
   a. Corticosteroid dependence (member requires continuous corticosteroids or cannot be successfully tapered off of corticosteroids without return of UC symptoms)
   b. Inadequate response, intolerance or contraindication to at least ONE conventional therapy option (see Appendix 3)

AND ALL the following for UC:
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 100 mg every 4 weeks
   b. Patient MUST have tried the preferred product (Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

AND ALL of the following for BOTH Simponi and Simponi Aria:
   a. Result for latent TB infection is negative OR result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
   b. Patient is not at risk for HBV infection OR patient is at risk for HBV infection and HBV infection has been ruled out or treatment for HBV infection has been initiated.
   c. Absence of active infection (including tuberculosis and hepatitis B virus (HBV))
   d. NOT to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
   e. NOT given concurrently with live vaccines

Prior – Approval Renewal Requirements

Age
   18 years of age or older

Diagnoses

Patient must have ONE of the following:

Simponi and Simponi Aria
1. Rheumatoid Arthritis (RA)
   a. Used in combination with methotrexate (MTX) unless contraindication or intolerance (see Appendix 2)
   b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of ONE of the following:
      i. Simponi Aria IV infusion: 2mg/kg every 8 weeks
      ii. Simponi Subcutaneous administration: 50 mg every 4 weeks
   c. Patient MUST have tried ONE of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

2. Psoriatic Arthritis (PsA)
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of ONE of the following:
      i. Simponi Aria IV infusion: 2mg/kg every 8 weeks
      ii. Simponi Subcutaneous administration: 50 mg every 4 weeks
   b. Patient MUST have tried ONE of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

3. Ankylosing Spondylitis (or axial spondyloarthritis)
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of ONE of the following:
      i. Simponi Aria IV infusion: 2mg/kg every 8 weeks
      ii. Simponi Subcutaneous administration: 50 mg every 4 weeks
   b. Patient MUST have tried ONE of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Simponi ONLY

1. Ulcerative Colitis
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 100 mg every 4 weeks
   b. Patient MUST have tried the preferred product (Humira) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)
AND ALL of the following for BOTH Simponi and Simponi Aria:
   a. Condition has improved or stabilized
   b. Absence of active infection (including tuberculosis and hepatitis B virus (HBV))
   c. NOT to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
   d. NOT given concurrently with live vaccines

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Limits

Duration 18 months

Rationale

Summary
Simponi and Simponi ARIA are FDA-approved for the treatment of adult patients with moderate to severe RA, PsA or AS who have had an inadequate response or intolerance to conventional therapy. Simponi and Simponi ARIA are indicated for use in combination with methotrexate (MTX) or other conventional DMARD to treat rheumatoid arthritis (RA). Simponi and Simponi ARIA is indicated as monotherapy or in combination with MTX in Psoriatic Arthritis (PsA). Simponi is indicated in adult patients with moderately to severely active ulcerative. Simponi and Simponi ARIA carry a boxed warning due to increased risk of serious infections and malignancies (2).

Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of Simponi and Simponi ARIA while maintaining optimal therapeutic outcomes.

References
### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2013</td>
<td>Addition to PA</td>
</tr>
<tr>
<td>December 2013</td>
<td>Annual editorial review by the PMPC</td>
</tr>
<tr>
<td>March 2014</td>
<td>Addition of other conventional DMARD to RA and remove moderate to severely active from renewal secondary to requiring improvement and the addition of Simponi ARIA</td>
</tr>
<tr>
<td>September 2014</td>
<td>Editorial review and reference update and renewal limit to 18 months</td>
</tr>
<tr>
<td>September 2016</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td></td>
<td>Addition of not to be used in combination with any other biologic DMARD</td>
</tr>
<tr>
<td></td>
<td>or targeted synthetic DMARD</td>
</tr>
<tr>
<td></td>
<td>Addition of not given concurrently with live vaccines per SME</td>
</tr>
<tr>
<td>December 2016</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td></td>
<td>Addition of age criteria to renewal criteria</td>
</tr>
<tr>
<td></td>
<td>Addition of initiation criteria to RA: Contraindication, intolerance, or inadequate response to at least a 3-month trial of methotrexate therapy despite adequate dosing and if no contraindication or intolerance to methotrexate, must be used in combination with methotrexate (MTX)</td>
</tr>
<tr>
<td></td>
<td>Addition of initiation criteria to PsA for the patient to have one of the following: Contraindication, intolerance, or inadequate treatment response to at least a 3-month trial of methotrexate, sulfasalazine, or leflunomide, active enthesitis and/or dactylitis (sausage digit), or predominantly axial disease (extensive spinal involvement)</td>
</tr>
<tr>
<td></td>
<td>Addition of initiation criteria to AS: Contraindication, intolerance, or inadequate treatment response to at least 2 different NSAIDS (non-</td>
</tr>
</tbody>
</table>
steroidal anti-inflammatory drugs) over a 4-week period in total at maximum recommended or tolerated dose

Addition of initiation criteria to UC, patient must have ONE of the following: corticosteroid dependence (member requires continuous corticosteroids or cannot be successfully tapered off of corticosteroids without return of UC symptoms), OR inadequate response, intolerance, or contraindication to at least one conventional therapy

March 2017
Annual review

December 2017
Annual editorial review and reference update
Addition of dosing limit requirements
Addition of PsA and Ankylosing Spondylitis for Simponi Aria
Change of RA requirement of MTX for 3 month trial to DMARD 3 month trial

March 2018
Annual editorial review
Addition of Appendix 1

June 2018
Change of requirements to initiation criteria
- For diagnosis of UC: inadequate response, intolerance or contraindication to at least ONE conventional DMARD
- For diagnosis of PsA: inadequate response, intolerance or contraindication to at least ONE conventional DMARD
Addition of Appendix 2 & 3
Removal of active enthesitis and/or dactylitis (sausage digit) and predominantly axial disease (extensive spinal involvement) from PsA

September 2018
Annual editorial review and reference update

March 2019
Annual review

December 2019
Annual review. Addition of requirement to trial preferred product

March 2020
Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 13, 2020 and is effective on April 1, 2020.
Appendix 1 - List of DMARDs

**Conventional disease-modifying antirheumatic drugs (DMARDs)**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>azathioprine</td>
<td>Azasan, Imuran</td>
</tr>
<tr>
<td>cyclophosphamide</td>
<td>Cytoxan</td>
</tr>
<tr>
<td>cyclosporine</td>
<td>Neoral, Gengraf, Sandimmune</td>
</tr>
<tr>
<td>hydroxychloroquine</td>
<td>Plaquenil</td>
</tr>
<tr>
<td>leflunomide</td>
<td>Arava</td>
</tr>
<tr>
<td>methotrexate</td>
<td>Rheumatrex, Trexall</td>
</tr>
<tr>
<td>mycophenolate</td>
<td>Cellcept</td>
</tr>
<tr>
<td>sulfasalazine</td>
<td>Azulfidine, Sulfazine</td>
</tr>
</tbody>
</table>

**Biological disease-modifying antirheumatic drugs (DMARDs)**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>abatacept</td>
<td>Orencia</td>
</tr>
<tr>
<td>adalimumab</td>
<td>Humira</td>
</tr>
<tr>
<td>anakinra</td>
<td>Kineret</td>
</tr>
<tr>
<td>brodalumab</td>
<td>Siliq</td>
</tr>
<tr>
<td>certolizumab</td>
<td>Cimzia</td>
</tr>
<tr>
<td>etanercept</td>
<td>Enbrel</td>
</tr>
<tr>
<td>golimumab</td>
<td>Simponi/Simponi Aria</td>
</tr>
<tr>
<td>guselkumab</td>
<td>Tremfya</td>
</tr>
<tr>
<td>infliximab</td>
<td>Remicade/Renflexis/Inflectra</td>
</tr>
<tr>
<td>ixekizumab</td>
<td>Taltz</td>
</tr>
<tr>
<td>risankizumab-rzaa</td>
<td>Skyrizi</td>
</tr>
<tr>
<td>rituximab</td>
<td>Rituxan</td>
</tr>
<tr>
<td>sarilumab</td>
<td>Kevzara</td>
</tr>
<tr>
<td>secukinumab</td>
<td>Cosentyx</td>
</tr>
<tr>
<td>tildrakizumab-asmn</td>
<td>Illumya</td>
</tr>
<tr>
<td>tocilizumab</td>
<td>Actemra</td>
</tr>
<tr>
<td>ustekinumab</td>
<td>Stelara</td>
</tr>
<tr>
<td>vedolizumab</td>
<td>Entyvio</td>
</tr>
</tbody>
</table>

**Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>apremilast</td>
<td>Otezla</td>
</tr>
</tbody>
</table>
Appendix 2 – Examples of Contraindications to Methotrexate

<table>
<thead>
<tr>
<th>Contraindications to Methotrexate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcoholism, alcoholic liver disease or other chronic liver disease</td>
</tr>
<tr>
<td>2. Breastfeeding</td>
</tr>
<tr>
<td>3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)</td>
</tr>
<tr>
<td>4. Elevated liver transaminases</td>
</tr>
<tr>
<td>5. History of intolerance or adverse event</td>
</tr>
<tr>
<td>6. Hypersensitivity</td>
</tr>
<tr>
<td>7. Interstitial pneumonitis or clinically significant pulmonary fibrosis</td>
</tr>
<tr>
<td>8. Myelodysplasia</td>
</tr>
<tr>
<td>9. Pregnancy or planning pregnancy (male or female)</td>
</tr>
<tr>
<td>10. Renal impairment</td>
</tr>
<tr>
<td>11. Significant drug interaction</td>
</tr>
</tbody>
</table>

APPENDIX 3 – List of Conventional Therapies

Conventional Therapy Options for UC

1. Mild to moderate disease – induction of remission:
   a. Oral mesalamine (e.g., Asacol, Lialda, Pentasa), balsalazide, olsalazine
   b. Rectal mesalamine (e.g., Canasa, Rowasa)
   c. Rectal hydrocortisone (e.g., Colocort, Cortifoam)
   d. Alternatives: prednisone, azathioprine, mercaptopurine, sulfasalazine

2. Mild to moderate disease – maintenance of remission:
   a. Oral mesalamine, balsalazide, olsalazine, rectal mesalamine
   b. Alternatives: azathioprine, mercaptopurine, sulfasalazine

3. Severe disease – induction of remission:
   a. Prednisone, hydrocortisone IV, methylprednisolone IV
   b. Alternatives: cyclosporine IV, tacrolimus, sulfasalazine

4. Severe disease – maintenance of remission:
   a. Azathioprine, mercaptopurine
   b. Alternative: sulfasalazine

5. Pouchitis:
   a. Metronidazole, ciprofloxacin
b. Alternative: rectal mesalamine