SIMPONI® (golimumab) AND SIMPONI ARIA™ (golimumab)

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.
SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

**Description:**

Simponi and Simponi Aria are tumor-necrosis factor (TNF) inhibitors. TNF inhibitors are naturally occurring proteins involved in the body’s normal immune responses. Overproduction of TNF can cause inflammation and tissue damage. TNF inhibition may ease certain inflammatory disease symptoms and prevent disease progression.

**Definitions:**

**Adult:** Age 18 years and older

**Preferred TNF Medications:**

- Enbrel®
- Humira®
- Remicade®

**Significant Adverse Drug Event:**

A significant adverse drug event is when an individual’s outcome is death, life-threatening, hospitalization (initial or prolonged), disability resulting in a significant, persistent, or permanent change, impairment, damage or disruption in the individuals’ body function/structure, physical activities or quality of life, or requires intervention to prevent permanent impairment or damage.
SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

Criteria:

Effective 02/01/17: For site of service requirements for Simponi Aria (golimumab), see BCBSAZ Medical Coverage Guideline #O1008, “Site of Service Requirements for Certain Medications”.

See Resources section for FDA-approved dosage.

- FDA-approved dosage of Simponi is considered *medically necessary* for adults with documentation of ALL of the following:

  1. ONE of the following:
     - Moderately to severely active rheumatoid arthritis in combination with methotrexate
     - Active psoriatic arthritis alone or in combination with methotrexate
     - Active ankylosing spondylitis

  2. Failed response to TWO of the preferred TNF medications Enbrel, Humira, Remicade (unless otherwise contraindicated or not labeled for the indication being prescribed, (refer to, “Small Molecules and Biologics Chart” #AP94 Administrative Procedure Guideline) with documentation of ANY of the following:

     - Individual’s condition has not improved or has worsened
     - Individual experienced a significant adverse drug event to the preferred TNF medications
     - Individual is intolerant to the preferred TNF medications
     - Individual is non-adherent to the preferred TNF medications

  3. No evidence of active serious infections including clinically important localized infections or sepsis when initiating or continuing therapy

  4. Evidence of testing for latent tuberculosis before Simponi use and during therapy and any treatment for latent infection has been initiated prior to Simponi therapy

  5. Evidence of testing for hepatitis B infection before Simponi use and ongoing monitoring in individuals who are known hepatitis B carriers for reactivation of this viral infection during Simponi therapy

  6. Evidence of close monitoring in individuals who have a history of or develop heart failure while on Simponi therapy

  7. Simponi is not being used concurrently with anakinra (e.g., Kineret) or abatacept (e.g., Orencia), live vaccines or live attenuated vaccines

  8. No evidence of lupus-like syndrome while on SIMPONI therapy

  9. Dosage is not greater than the FDA approved dosing for the labeled indication (refer to dosing table)
SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

Criteria: (cont.)

➢ FDA-approved dosage of Simponi is considered medically necessary for adults with moderate to severely active ulcerative colitis (UC) who have had an inadequate response or intolerant to prior conventional treatment (i.e., oral aminosalicylates, oral corticosteroids, azathioprine or 6-mercaptopurine) or require continuous steroid therapy with documentation of ALL of the following:

1. ONE of the following:
   • Induce and maintain clinical response
   • Induce clinical remission
   • Achieve and sustain clinical remission in induction responders
   • Improve endoscopic appearance of mucosa during induction

2. Failed response to TWO of the preferred TNF medications Enbrel, Humira, Remicade (unless otherwise contraindicated or not labeled for the indication being prescribed, (refer to, “Small Molecules and Biologics Chart” #AP94 Administrative Procedure Guideline) with documentation of ANY of the following:¹
   • Individual’s condition has not improved or has worsened
   • Individual experienced a significant adverse drug event to the preferred TNF medications
   • Individual is intolerant to the preferred TNF medications
   • Individual is non-adherent to the preferred TNF medications

3. Failed response to conventional therapy (unless otherwise contraindicated)
4. No evidence of active serious infections including clinically important localized infections or sepsis when initiating or continuing therapy
5. Evidence of testing for latent tuberculosis before Simponi use and during therapy and any treatment for latent infection has been initiated prior to Simponi therapy
6. Evidence of testing for hepatitis B infection before Simponi use and ongoing monitoring in individuals who are known hepatitis B carriers for reactivation of this viral infection during Simponi therapy
7. Evidence of close monitoring in individuals who have a history of or develop heart failure while on Simponi therapy
8. Simponi is not being used concurrently with anakinra (e.g., Kineret) or abatacept (e.g., Orencia), live vaccines or live attenuated vaccines
9. No evidence of lupus-like syndrome while on SIMPONI therapy
10. Dosage is not greater than the FDA approved dosing for the labeled indication (refer to dosing table)
SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

Criteria: (cont.)

- FDA-approved dosage of Simponi Aria, in combination with methotrexate, is considered medically necessary for adults with moderately to severely active rheumatoid arthritis with documentation of ALL of the following:

1. Failed response to TWO of the preferred TNF medications Enbrel, Humira, Remicade (unless otherwise contraindicated or not labeled for the indication being prescribed, (refer to, "Small Molecules and Biologics Chart" #AP94 Administrative Procedure Guideline) with documentation of ANY of the following:¹
   - Individual’s condition has not improved or has worsened
   - Individual experienced a significant adverse drug event to the preferred TNF medications
   - Individual is intolerant to the preferred TNF medications
   - Individual is non-adherent to the preferred TNF medications

2. No evidence of active serious infections including clinically important localized infections or sepsis when initiating or continuing therapy
3. Evidence of testing for latent tuberculosis before Simponi Aria use and during therapy and any treatment for latent infection has been initiated prior to Simponi Aria therapy
4. Evidence of testing for hepatitis B infection before Simponi Aria use and ongoing monitoring in individuals who are known hepatitis B carriers for reactivation of this viral infection during Simponi Aria therapy
5. Evidence of close monitoring in individuals who have a history of or develop heart failure while on Simponi Aria therapy
6. Simponi Aria is not being used concurrently with anakinra (e.g., Kineret) or abatacept (e.g., Orencia), live vaccines or live attenuated vaccines
7. No evidence of lupus-like syndrome while on SIMPONI ARIA therapy
8. Dosage is not greater that the FDA approved dosing for the labeled indication (refer to dosing table)
SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

Criteria: (cont.)

- Simponi and Simponi Aria for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

1 Not applicable for current members on Simponi or Simponi Aria prior to 07/09/14 or new members who are actively being treated with Simponi or Simponi Aria prior to their effective date with BCBSAZ. (Excludes any changes in route of administration, such as changing intravenous delivery to subcutaneous delivery.)

Refer To:

- “Small Molecules and Biologics Chart” #AP94, BCBSAZ Administrative Procedure Guideline when preferred TNF medications Enbrel, Humira, Remicade are otherwise contraindicated or not labeled for the indication being prescribed

Resources:

Literature reviewed 01/03/17. We do not include marketing materials, poster boards and non-published literature in our review.


SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

Resources: (cont.)

Simponi Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate</td>
<td>Simponi is administered by subcutaneous injection:</td>
</tr>
<tr>
<td>Adult active ankylosing spondylitis (AS)</td>
<td>- 50 mg once a month for RA, AS and PsA</td>
</tr>
<tr>
<td>Adult active psoriatic arthritis (PsA), alone or in combination with methotrexate</td>
<td>- 200 mg initially at week 0 followed by 100 mg at week 2 and then 100 mg every 4 weeks for UC</td>
</tr>
<tr>
<td>Moderate to severe Ulcerative colitis (UC) with an inadequate response or intolerant to prior treatment or requiring continuous steroid therapy</td>
<td>• Inducing and maintaining clinical response</td>
</tr>
<tr>
<td></td>
<td>• Improving endoscopic appearance of the mucosa during induction</td>
</tr>
<tr>
<td></td>
<td>• Inducing clinical remission</td>
</tr>
<tr>
<td></td>
<td>• Achieving and sustaining clinical remission in induction responders</td>
</tr>
</tbody>
</table>

Simponi Aria Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate</td>
<td>Simponi Aria is administered by intravenous infusion.</td>
</tr>
<tr>
<td></td>
<td>- 2 mg/kg intravenous infusion over 30 minutes at weeks 0 and 4, then every 8 weeks</td>
</tr>
<tr>
<td></td>
<td>- Dilution of supplied Simponi Aria solution with 0.9% w/v sodium chloride is required prior to administration</td>
</tr>
</tbody>
</table>
SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Dil kwe’é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit’e éego bina’iidiłkidó éi doodago Háída bijá aniyeedadígíí t’ádoo le’é yina’idiłkidó beehaz’áñi háól dí di t’áá hazaadééhjí hágá a’dóowólgo bee haz’a doo bąáñ ilínígóó. Ata’ halne'éiígíí ko’jí bích’í‘ hodilíinh 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目的名称 Blue Cross Blue Shield of Arizona 方面的问题，您有权免费以您的母语得到帮助和讯息。洽询一位翻译员，请拨电话在此插入数字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فليس عليك في الحصول على المساعدة والمعلومات الضرورية لبلاغ ذلك من دون إمكانية للتحدث مع مترجم اتصل ب 877-475-4799.
SIMPONI (golimumab) AND SIMPONI ARIA (golimumab) (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 매개하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話しされる場合、877-475-4799 までお電話ください。

Farsi: اگر شما، یا کسی که شما به آن کمک می‌کنید، سوالی در مورد اطلاعات به زبان خود را به مطابق به زبان انگلیسی گویی کرده باشند، می‌توانید با 877-475-4799 تماس حاصل کنید.

Assyrian: یک نفر یا یکی از افرادی که به آن کمک می‌کنید، ممکن است به زبان انگلیسی اطلاعاتی به خود بدهد. شما می‌توانید با 877-475-4799 تماس حاصل کنید.


Thai: หากคุณ หรือบุคคลที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ได้รับการช่วยเหลือและข้อมูลภาษาของคนโดยไม่เสียเงิน ติดต่อที่หมายเลข โทร 877-475-4799.