

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 CONTRACT MANAGER NAME
 Provider Communications, RCR-A3W-04
 PO Box 34262, Seattle WA 98124-1262

FEBRUARY 28, 2024

GOLIMUMAB (SIMPONI ARIA) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Golimumab (Simponi Aria) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective June 1, 2024**, the criteria for golimumab (Simponi Aria) will expand to include a quantity limit for psoriatic arthritis (PsA) and ankylosing spondylitis (AS) indications. **This letter is a notification of the change in prior authorization criteria required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician’s office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee’s evidence-based criteria for coverage.

Prior Authorization Criteria for Golimumab (Simponi Aria) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
GOLIMUMAB	<p>Covered for:</p> <ol style="list-style-type: none"> Patients with rheumatoid arthritis (RA) who have failure, contraindication, or intolerance to methotrexate, two formulary anti-TNFs (e.g., adalimumab [e.g., Amjevita], infliximab [e.g., Inflectra]), abatacept, and one other biologic DMARD Psoriatic arthritis (PsA) in patients with failure, contraindication, or intolerance to: <ul style="list-style-type: none"> At least one conventional synthetic disease modifying anti-rheumatic drug (csDMARD) (methotrexate preferred), and Two of the following biologics (one of which must be adalimumab or infliximab) and <ul style="list-style-type: none"> adalimumab (e.g., Amjevita) infliximab (e.g., Inflectra) secukinumab etanercept Guselkumab, and at least one of the following biologic DMARDs (ustekinumab, risankizumab, abatacept) <p><u>Note:</u> csDMARD not required for patients with axial disease or severe (rapidly progressive, erosive) disease</p> <ol style="list-style-type: none"> Patients with active ankylosing spondylitis (AS) who have failure, contraindication, or intolerance to two formulary anti-TNFs (e.g., adalimumab [Amjevita] or infliximab [Inflectra]), and secukinumab

DRUG NAME	COVERAGE CRITERIA
	<p>Not covered for use in combination with other biologic therapies including (but not limited to):</p> <ul style="list-style-type: none"> Infliximab, adalimumab, etanercept, vedolizumab, rituximab, abatacept, tocilizumab, certolizumab, ustekinumab, canakinumab <p>Quantity Limit for RA/PsA/AS:</p> <ul style="list-style-type: none"> Induction: 2 mg/kg at weeks 0 and 4 Maintenance: 2 mg/kg every 8 weeks <p><u>Note:</u> Must be administered in a non-hospital setting. See Site of Care: Infusion Therapy and Clinic Administered Medicines* for criteria, reauthorization, and exceptions for new starts.</p> <p>Members will have in-network benefit coverage for select home infused medications and supplies only when they get these medicines and supplies through Kaiser Permanente Specialty Home Infusion. There is no out-of-network benefit coverage for home infusion. See Infused Drugs Restricted to Kaiser Permanente Washington's Specialty Pharmacy Network** for medications impacted by this change.</p>

**Site of Care: Infusion Therapy and Clinic Administered Medicines URL*

<https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/infusion-site-care-policy.pdf>

***Infused Drugs Restricted URL*

<https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/formularies/wa/infused-drugs-wa-en.pdf>

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,



Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee