POLICY: Inflammatory Conditions – Simponi Aria® (golimumab injection, for intravenous infusion)

APPROVAL DATE: 10/16/2019

OVERVIEW

Simponi Aria is a recombinant human monoclonal antibody specific for human tumor necrosis factor alpha (TNFα).[1] It is indicated for the following conditions:

1. Rheumatoid arthritis (RA), in combination with methotrexate (MTX) for treatment of adult patients with moderately to severely active disease; AND
2. Ankylosing spondylitis (AS), in adults with active disease; AND
3. Psoriatic arthritis (PsA), in adults with active disease.

For patients with AS and PsA, Simponi Aria may be given alone or in combination with MTX or other conventional synthetic disease-modifying antirheumatic drugs (csDMARDs). For all approved conditions, corticosteroids, nonsteroidal anti-inflammatory drugs (NSAIDs), and/or analgesics may be continued during treatment with Simponi Aria.[1] Simponi Aria is a biologic that is administered by intravenous (IV) infusion by a healthcare professional. Efficacy has not been established for patients switching between the Simponi Aria and the subcutaneous (SC) formulation of golimumab (Simponi SC).

Disease Overview

TNF is a naturally occurring cytokine that mediates inflammation and modulates cellular immune responses. Increased levels of TNF have been implicated in the pathology of inflammatory conditions such as psoriasis, psoriatic arthritis, and rheumatoid arthritis (RA). Increased levels of TNF are found in the synovial fluid of patients with RA, AS, and PsA; TNF has an important role in both the pathologic inflammation and the joint destruction that are characteristic of this disease. In psoriasis, increased levels of TNF are found in the blood and skin lesions. Simponi Aria neutralize the biological activity of TNFα and inhibits binding of TNFα with its receptors.

Guidelines

TNFis feature prominently in guidelines for treatment of inflammatory conditions.

- Ankylosing Spondylitis: Guidelines for ankylosing spondylitis and nonradiographic axial spondylitis are published by the American College of Rheumatology (ACR)/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network (2019).[2] TNFis are recommended for the initial biologic. In those who are secondary nonresponders to a TNFi, a second TNFi is recommended over switching out of the class.
- Psoriatic Arthritis: Guidelines from the American College of Rheumatology (ACR) [2019] recommend TNF inhibitors over other biologics for use in treatment-naïve patients with PsA and in those who were previously treated with an oral therapy.[3]
- Rheumatoid Arthritis: Guidelines from the American College of Rheumatology (ACR) [2015] have TNF inhibitors and non-TNF biologics, administered with or without MTX, equally positioned as a recommended therapy following a trial of a conventional synthetic DMARD (e.g., MTX, leflunomide, hydroxychloroquine, sulfasalazine).[4]

Safety

Simponi Aria has Boxed Warnings concerning risks of serious infection and the risk of malignancy.[1] Prior to initiating therapy with Simponi Aria, patients should be evaluated for active tuberculosis (TB) infection; periodically during therapy, patients should be assessed for latent TB infection. Patients should also be monitored for signs and symptoms of infection during and after treatment with Simponi Aria and

if a serious infection or sepsis develops, Simponi Aria should be discontinued. Lymphoma and other malignancies have been reported in patients who have taken TNFis such as Simponi Aria.

POLICY STATEMENT

Prior authorization is recommended for medical benefit coverage of Simponi Aria. Approval is recommended for those who meet the Criteria and Dosing for the listed indication(s). Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration listed below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Because of the of the specialized skills required for evaluation and diagnosis of patients treated with Simponi Aria as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Simponi Aria to be prescribed by or in consultation with a physician who specializes in the condition being treated.

RECOMMENDED AUTHORIZATION CRITERIA

FDA-Approved Indications

1. **Ankylosing Spondylitis (AS).** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy: Approve for 3 months if prescribed by or in consultation with a rheumatologist.
   - **B)** Patients Currently Receiving Simponi Aria or SC. Approve for 1 year if the patient has had a response, as determined by the prescriber.
     Note: Examples of a response to therapy include decreased pain or stiffness, improved function or activities of daily living. The patient may not have a full response, but there should have been a recent or past response to Simponi (SC or Aria).

   Dosing. Approve up to 2 mg/kg as an intravenous infusion at Weeks 0 and 4, then not more frequently than once every 8 weeks thereafter.

2. **Psoriatic Arthritis (PsA).** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 3 months if prescribed by or in consultation with a rheumatologist or dermatologist.
   - **B)** Patients Currently Receiving Simponi Aria or SC. Approve for 1 year if the patient has had a response , as determined by the prescriber.
     Note: Examples of a response to therapy include less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improvements in acute phase reactants (for example, C-reactive protein [CRP]). The patient may not have a full response, but there should have been a recent or past response to Simponi (SC or Aria).

   Dosing. Approve up to 2 mg/kg as an intravenous infusion at Weeks 0 and 4, then not more frequently than once every 8 weeks thereafter.

3. **Rheumatoid Arthritis (RA)**. Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 3 months if the patient meets BOTH of the following (i and ii):
     - **i.** The patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months.
       Note: Examples of conventional synthetic DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already has a 3-month trial at least one biologic (e.g., Cimzia [certolizumab pegol SC injection], an etanercept product, an adalimumab product, an infliximab product, Simponi SC, Actemra [IV or SC], Kevzara [sarilumab SC injection], Kineret [anakinra SC injection], Orencia [abatacept IV infusion, abatacept SC injection], and a rituximab product). These patients who have already tried a biologic for RA are not required to "step back" and try a conventional synthetic DMARD; AND
     - **ii.** The agent is prescribed by or in consultation with a rheumatologist.
   - **B)** Patients Currently Receiving Simponi Aria or SC. Approve for 1 year if the patient has had a response, as determined by the prescriber.
     Note: Examples of a response to therapy include less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of corticosteroids. The patient may not have a full response, but there should have been a recent or past response to Simponi (Aria or SC).

Dosing. Approve up to 2 mg/kg as an intravenous infusion at Weeks 0 and 4, then not more frequently than once every 8 weeks thereafter.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Simponi Aria has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Concurrent Use with Biologic DMARD or with a Targeted Synthetic Disease-Modifying Antirheumatic Drug (DMARD).** Data are lacking evaluating concomitant use of Simponi Aria in combination with another biologic or with a targeted synthetic DMARD for an inflammatory condition (see APPENDIX for examples). Combination therapy with biologics and/or biologics + targeted synthetic DMARDs has a potential for a higher rate of adverse events with combinations and lack controlled trial data in support of additive efficacy. Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., MTX, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with Simponi Aria.

2. **Ulcerative Colitis (UC).** Simponi for SC injection is indicated for treatment of UC.[5] A single-dose induction study in patients with UC (n = 176) evaluated doses of 1 mg/kg, 2 mg/kg, and 4 mg/kg; however, enrollment was stopped due to lower than expected efficacy in the dose-ranging Phase II portion of the study.[6] Appropriate dosing of Simponi Aria in UC is unclear.

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Simponi Aria® injection for intravenous use [prescribing information]. Horsham, PA: Janssen Biotech, Inc; February 2018.
2. Ward MM, Deodhar A, Gensler LS, et al. 2019 update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol*. 2019 Aug 22. [Epub ahead of print].
3. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. *Arthritis Care Res (Hoboken)*. 2019;71(1):2-29.
4. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol*. 2016;68(1):1-26.
5. Simponi injection [prescribing information]. Horsham, PA: Centocor Ortho Biotech Inc; March 2018.
6. Rutgeerts P, Feagan BG, Marano CW, et al. Randomised clinical trial: a placebo-controlled study of intravenous golimumab induction therapy for ulcerative colitis. *Aliment Pharmacol Ther*. 2015;42(5):504-514.

APPENDIX

Brand (generic name)	Mechanism of Action
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF
Enbrel® (etanercept SC injection)	Inhibition of TNF
Erelzi™ (etanercept-szzs SC injection)	Inhibition of TNF
Humira® (adalimumab SC injection)	Inhibition of TNF
Amjevita® (adalimumab-atto SC injection)	Inhibition of TNF
Cyltezo™ (adalimumab-adbm SC injection)	Inhibition of TNF
Simponi® (golimumab SC injection)	Inhibition of TNF
Simponi® Aria™ (golimumab IV infusion)	Inhibition of TNF
Remicade® (infliximab IV infusion)	Inhibition of TNF
Inflectra™ (infliximab-dyyb IV infusion)	Inhibition of TNF
Renflexis® (infliximab-abda IV infusion)	Inhibition of TNF
Actemra® (tocilizumab IV infusion)	Inhibition of IL-6
Actemra® (tocilizumab SC injection)	Inhibition of IL-6
Kevzara® (sarilumab SC injection)	Inhibition of IL-6
Orencia® (abatacept IV infusion)	T-cell costimulation modulator
Orencia® (abatacept SC injection)	T-cell costimulation modulator
Rituxan® (rituximab IV infusion)	CD20-directed cytolytic antibody
Truxima® (rituximab-abbs IV infusion)	CD20-directed cytolytic antibody
Ruxience™ (rituximab-pvvr IV infusion)	CD20-directed cytolytic antibody
Kineret® (anakinra SC injection)	Inhibition of IL-1
Stelara® (ustekinumab SC injection)	Inhibition of IL-12/23
Stelara® (ustekinumab IV infusion)	Inhibition of IL-12/23
Siliq™ (brodalumab SC injection)	Inhibition of IL-17
Cosentyx™ (secukinumab SC injection)	Inhibition of IL-17A
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A
Ilumya™ (tildrakizumab-asmn for SC injection)	Inhibition of IL-23
Skyrizi™ (risankizumab SC injection)	Inhibition of IL-23
Tremfya™ (guselkumab SC injection)	Inhibition of IL-23
Otezla® (apremilast tablets)	Inhibition of PDE4
Olumiant® (baricitinib tablets)	Inhibition of the JAK pathways
Rinvoq™ (upadacitinib extended-release tablets)	Inhibition of the JAK pathways
Xeljanz®, Xeljanz XR (tofacitinib tablets, tofacitinib extended-release tablets)	Inhibition of the JAK pathways

SC – Subcutaneous; TNF – Tumor necrosis factor; IV – Intravenous, IL – Interleukin;PDE4 – Phosphodiesterase 4; JAK – Janus kinase.

HISTORY

Type of Revision	Summary of Changes	Approval Date
Annual revision	No changes to criteria; however, Kevzara is added to list of examples of a previous therapy for RA. In addition, Remicade is changed to "an infliximab product" with Remicade, Renflexis, and Inflectra listed as examples of specific infliximab products that may have been tried.	09/13/2017
Selected revision	Add AS and PsA with criteria for approval. Remove AS and PsA from the Conditions not Recommended for Coverage.	11/01/2017
Annual revision	**Patients Established on Simponi Aria or SC:** Remove this criterion for patients currently established on Simponi Aria or SC for ≥ 90 days. Patients currently taking are now addressed in the criteria section for each specific indication. • To align with the Simponi Aria PA Policy, remove requirement that the patient be receiving Simponi Aria or SC for ≥ 90 days for the following indications: RA, AS, and PsA. **Preferred Drug:** Remove this section from the policy (previously applied to RA, AS, and PsA). **RA:** References to Humira, Enbrel, and Rituxan were reworded as adalimumab, etanercept, and rituximab products, respectively, with the innovator names listed as examples of these products.	10/10/2018
Annual revision	**Dosing:** Throughout the policy, dosing was updated to clarify the dose that may be approved up to the maximum dose listed and shortest treatment interval for each indication.	10/16/2019