Reference number
2275-H

SPECIALTY QUANTITY LIMIT PROGRAM

SIMPONI (golimumab for subcutaneous injection)

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit *	FDA-recommended dosing
Simponi (golimumab) 50 mg per 0.5 mL single-dose pre-filled syringe/autoinjector	1 syringe/ autoinjector per 28 days	N/A	**RA/PsA/AS** • 50 mg every month **UC** • Loading doses: 200 mg at week 0, followed by 100 mg at week 2 • Maintenance dose: 100 mg every 4 weeks
Simponi (golimumab) 100 mg per 1 mL single-dose pre-filled syring/autoinjector	1 syringe/ autoinjector per 28 days	3 syringes/ autoinjectors per 15 days	

Abbreviations: RA = rheumatoid arthritis; PsA = psoriatic arthritis; AS = ankylosing spondylitis; UC = ulcerative colitis

*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

III. REFERENCE

1. Simponi [package insert]. Horsham, PA: Janssen Biotech, Inc.; May 2018.