

Commercial/Healthcare Exchange PA Criteria

Effective: August, 2017

Prior Authorization: Siliq

Products Affected: Siliq (brodalumab) subcutaneous solution

Medication Description: Brodalumab is a human monoclonal IgG2 antibody that blocks the release of proinflammatory cytokines and chemokines by selectively binding to human interleukin-17 receptor A (IL-17RA) and inhibiting its interactions with cytokines IL-17A, IL-17F, IL-17C, and IL-17A/F heterodimer and IL-2

Covered Uses: Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies.

Exclusion Criteria: Concurrent use with a biologic DMARD.

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a dermatologist.

Coverage Duration:

- Initiation: 3 months
- Continuation: 3 years

Other Criteria:

Initiation

Plaque Psoriasis

- A. Patient has chronic (greater than or equal to 1 year) plaque psoriasis; AND
- B. Patient has minimum body surface area involvement with plaque psoriasis of $\geq 10\%$; AND
- C. Patient has a documented failure of, or intolerance to, or contraindication to at least one traditional systemic agent (eg, MTX, cyclosporine, acitretin, PUVA) for at least 3 months, unless intolerant. *Women of childbearing age may be given special consideration for approval without systemic therapy when topical and phototherapy options have been tried and failed;* AND
- D. Patient must have a trail and documented failure of, or intolerance to, **TWO** of the following medications [documentation required]:
 - a. Cosentyx
 - b. Humira
 - c. Otezla
 - d. Skyrizi
 - e. Stelara SC
 - f. Tremfya

Continuation

- A. Patient meets all initial authorization criteria
- B. Patient achieves or maintains a positive clinical response after at least 3 months of therapy with Siliq as evidenced by low disease activity or improvement in signs and symptoms of the condition.

*ConnectiCare does not consider alcohol use to be a clinical reason to use Siliq over methotrexate.

References:

- 1. Siliq Pacakge Insert, Valeant Pharmaceuticals, Bridgewater, NJ

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/01/2019
2	Update	Update	Coverage Duration: Continuation Update to 3 years	07/01/2019
3	Update	CCI adopted EH template; CCI P&T Review History 8/17, 11/18; Added Skyrizi as a preferred option	All	7/19/2019