Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

Siliq (brodalumab)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Siliq (brodalumab) 210 mg/1.5 mL*	2 prefilled syringes per 28 days

*Initiation of therapy for Plaque Psoriasis (Ps) (Psoriasis Vulgaris): May approve up to 2 (two) additional syringes (210 mg) in the first 28 days (4 weeks) of treatment.

APPROVAL CRITERIA

Requests for Siliq (brodalumab) may be approved for the following:

I. Plaque psoriasis (Ps) (psoriasis vulgaris) when each of the following criteria are met:
   A. Individual is 18 years of age or older with chronic moderate to severe (that is, extensive or disabling) plaque Ps (psoriasis vulgaris) with either of the following (AAD 2019):
      1. Plaque Ps (psoriasis vulgaris) involving greater than three percent (3%) body surface area (BSA); **OR**
      2. Plaque Ps (psoriasis vulgaris) involving less than or equal to three percent (3%) BSA involving sensitive areas or areas that significantly impact daily function (such as, palms, soles of feet, head, neck, or genitalia);

   AND

   B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to phototherapy or other systemic therapy (such as acitretin, cyclosporine, or methotrexate);

   AND

   C. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance of TWO (2) preferred biologic agents [Current preferred biologics include - Cosentyx (secukinumab), Enbrel (etanercept), Humira (adalimumab)] unless the following criteria is met:
      1. Individual has been receiving and is maintained on a stable dose of Siliq (brodalumab); **OR**
      2. The preferred agents are not acceptable due to concomitant clinical conditions, including but not limited to the following:
         a. Known hypersensitivity to any active or inactive component which is not also associated with Siliq (brodalumab); **OR**

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

b. Pregnant or planning on becoming pregnant; **OR**
c. Serious infections or concurrent sepsis.

Requests for Siliq (brodalumab) may **not** be approved for the following:

I. All other indications not included above; **OR**
II. In combination with phototherapy; **OR**
III. In combination with JAK inhibitors, apremilast, other IL-17 inhibitors or biologic drugs (such as TNF antagonists or ustekinumab); **OR**
IV. Tuberculosis, invasive fungal infection, other active serious infections, or a history of recurrent infections; **OR**
V. Individual has not had a tuberculin skin test (TST) or a Centers for Disease Control and Prevention (CDC-) and Prevention -recommended equivalent test to evaluate for latent tuberculosis prior to initiating brodalumab; **OR**
VI. Individual has Crohn's disease.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: September 14, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2019; 80: 1029-72.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.