Commercial 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:

1. Concurrent use with a biologic DMARD
2. Crohn's Disease
3. Rheumatoid Arthritis

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: 1 year

Other Criteria:

Initiation

1. **Plaque Psoriasis**
   Initial Therapy: Approve if the patient meets the following criteria
   A. Patient meets ONE of the following conditions (i,**OR** ii):
      i. Patient has tried at least at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant; **OR**
      Note: Examples include methotrexate, cyclosporine, acitretin, or psoralen plus ultraviolet A light (PUVA). An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient has already had a 3-month trial or previous intolerance to at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. A patient who has already tried a biologic for psoriasis is not required to "step back" and try a traditional systemic agent for psoriasis.
      ii. Patient has a contraindication to methotrexate, as determined by the prescriber; **AND**

B. Patient must have a trail and documented failure of, or intolerance to, **TWO** of the following medications

Plaque Psoriasis (TWO of the following)
Enbrel
Adalimumab Product
Otezla
Skyrizi
Stelara SC
Taltz
Tremfya

Continuation

A. Patient meets all initial authorization criteria **AND**
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.

References:

1. Siliq® subcutaneous injection [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; February 2017.

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
4	Update	Added Taltz and Enbrel as preferred agents for Plaque Psoriasis Removed Cosentyx as preferred option for Psoriasis Removed Patient has chronic (greater than or equal to 1 year) plaque psoriasis	Other Criteria	1/2021
5	Policy Update	Changed “Humira” to “Adalimumab”	Other Criteria	05/11/2023

6	Update	Update continuation from 3 years to1 year Removed Plaque psoriasis criteria and revised select criteria to implement to label coverage. Addition of Crohn's Disease and Rheumatoid Arthritis to Exclusion criteria Removal of *ConnectiCare does not consider alcohol use to be a clinical reason to use Siliq over methotrexate.	Coverage duration Other Criteria Exclusion Criteria	12/20/2023