Mass General Brigham
Health Plan

Siliq (brodalumab)
Effective 01/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Siliq (brodalumab) is a human interleukin-17 receptor A (IL-17RA) antagonist indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all the following diagnosis-specific criteria have been met:

Moderate to severe plaque psoriasis
1. Diagnosis of moderate to severe plaque psoriasis
2. At least 3% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
3. Member meets ONE of the following criteria:
    a. Minimum duration of 4-week trial and failure, intolerance, or contraindication to ONE of the following topical therapies:
        i. Corticosteroids (e.g., betamethasone, clobetasol)
        ii. Vitamin D analogs (e.g., calcitriol, calcipotriene)
        iii. Tazarotene
        iv. Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
        v. Anthralin
        vi. Coal tar
    b. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy.
4. Trial and failure, intolerance, or contraindication to THREE of the following:
    a. Cimzia

b. Enbrel
c. Humira (Abbvie), Hadlima, Adalimumab-adaz, Adalimumab-fkjp, Amjevita (Nuvaila)
d. Otezla
e. Skyrizi
f. Stelara, Wezlana
g. Tremfya

5. Trial and failure, intolerance, or contraindication to Taltz

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted supporting an improvement in member's condition as evidenced by low disease activity or improvement in signs and symptoms of the condition

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months

References

1. Elmets CA, Korman NJ, Farley Prater E, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. J Am Acad Dermatol 2021;84:432-70.
2. 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.
3. Siliq (brodalumab) [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; August 2024.

Review History

02/26/18 – Reviewed
06/01/18 - Implemented
02/20/19 – Updated
11/20/19 – Added Skyrizi as a preferred trial for PS.
11/15/2023 – Reviewed and Updated at Nov P&T; 5% BSA changed to at least 3%. Removed TB requirement. Updated preferred agents from having prior use with ALL the preferred products (Cosentyx, Enbrel, Humira, Otezla, Skyrizi and Stelara) to having prior use with 3 of the following agents: Cimzia, Enbrel, Humira or biosimilars, Skyrizi, Stelara, Tremfya AND Cosentyx. Updated topical therapies. Effective 1/1/2024
10/09/2024 – Reviewed and updated for October P&T. Updated criteria for conventional therapies to remove submission of documentation requirement. Added Amjevita (Nuvaila) as a preferred adalimumab product. Updated biologic step options to include Otezla and Wezlana. Removed Cosentyx step through requirement and replaced with Taltz. Updated reauthorization criteria to require documentation of improvement. Removed appendix from policy. Effective 1/1/2025.