CareSource

PHARMACY POLICY STATEMENT **Ohio Medicaid**	
DRUG NAME	Siliq (brodalumab)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred products include Humira and Enbrel QUANTITY LIMIT— 420 mg or 3 mL per 28 days (after loading dose)
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Siliq (brodalumab) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

PLAQUE PSORIASIS (PP)

For **initial** authorization:

1. Member must be 18 years of age or older; AND
2. Member must have a documented negative TB test (i.e. tuberculosis skin test (PPD), an interferon-release assay (IGRA), or a chest x-ray) within 6 months prior to starting therapy; AND
3. Medication must be prescribed by a dermatologist or rheumatologist; AND
4. Member has PP for 6 months or longer; AND
5. Member is not going to receive systemic therapy or phototherapy while on Siliq; AND
6. Member's PP involving 10% or more of the body surface area (BSA) or 5% or more of BSA if psoriasis involves sensitive areas (hands, feet, face, or genitals); AND
7. Member's Psoriasis Area and Severity Index (PASI) score ≥12; AND
8. Member's static Physician's Global Assessment (sPGA) score ≥3 in the overall assessment (plaque thickness/induration, erythema, and scaling); AND
9. Member must **not** have a diagnosis for Crohn's Disease; AND
10. Documented consultation on risks of suicidal ideation or behavior while on Siliq is submitted with member's chart notes AND
11. Member has tried and failed to respond to treatment with at least **one** of the following:
    a) At least 12 weeks of photochemotherapy (i.e. psoralen plus ultraviolet A therapy);
    b) At least 12 weeks of phototherapy (i.e. UVB light therapy, Excimer laser treatments (tanning beds emit mostly UVA light and therefore would not meet this criteria));
    c) At least a 4 week trial with topical antipsoriatic agents (i.e. anthralin, calcipotriene, coal tar, corticosteroids, tazarotene); AND
12. Member has tried and failed to respond to treatment of an immunosuppressant (i.e. cyclosporine, methotrexate, acetretin) for at least a 12 week trial; AND
13. Member has tried and failed to respond to treatment with **both** Enbrel and Humira.
14. **Dosage allowed:** 210 mg subcutaneously once weekly at weeks 0, 1, and 2 followed by 210 mg every 2 weeks.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Member must have been retested for TB with a negative result within the past 12 months; AND
2. Member must be in compliance with all other initial criteria; AND
3. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease; AND
4. Documented member's PASI score improvement; AND
5. Documented member's sPGA score improvement.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Siliq (brodalumab) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Active infections
- Ankylosing spondylitis
- Asthma
- Cellulitis
- Crohn's Disease
- Dissecting scalp cellulitis
- For use in combination with other TNF-inhibitors (i.e. Kineret, Enbrel, Remicade)
- Giant-cell arteritis
- Guttate psoriasis
- Infectious uveitis
- Juvenile idiopathic arthritis
- Lupus perino
- Osteoarthritis
- Psoriatic Arthritis
- Recurrent pregnancy loss
- Relapsing polychondritis
- Rheumatoid arthritis
- Sarcoidosis
- Sciatica
- Spondyloarthritis (other than ankylosing spondylitis)
- Takayasu's arteritis
- Vogt-Koyanagi

DATE	ACTION/DESCRIPTION
05/09/2017	New policy for Siliq created.

References:

1. Siliq [prescribing information]. Bridgewater, NJ; Valeant Pharmaceuticals North America LLC. Revised February 2017.

2. Hsu S, Papp KA, Lebwohl MG, et al. Consensus guidelines for the management of plaque psoriasis. Arch Dermatol. 2012 Jan;148(1):95-102.

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Revised date: 05/09/2017