Siliq (brodalumab)
Effective 02/20/19

Plan | ☒ MassHealth | ☐ Commercial/Exchange | Program Type | ☒ Prior Authorization | ☐ Quantity Limit | ☐ Step Therapy

Benefit | ☒ Pharmacy Benefit | ☐ Medical Benefit (NLX)

Specialty Limitations | This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy.

Contact Information

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<tr>
<th>Specialty Medications</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<td>All Plans</td>
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<tr>
<th>Non-Specialty Medications</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<td>MassHealth</td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<tr>
<th>Medical Specialty Medications (NLX)</th>
<th>Phone: 844-345-2803</th>
<th>Fax: 844-851-0882</th>
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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 when ALL the following criteria are met:
1. Member has a diagnosis of moderate-severe plaque psoriasis AND
2. Member is at least 18 years of age AND
3. Prescriber has provided documentation of ONE of the following:
   a. Inadequate response, adverse reaction, or contraindication to at least TWO conventional therapies in any one of the following combinations (combinations DO NOT have to be used concurrently):
      i. 1 topical agent + 1 systemic agent
      ii. 1 topical agent + 1 phototherapy (required for diagnosis of guttate psoriasis)
      iii. 1 systemic agent + 1 phototherapy
      iv. 2 systemic agents
   b. Contraindication to ALL conventional therapies
      i. Topical agents
      ii. Phototherapy
      iii. Systemic agents
   c. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for plaque psoriasis AND
4. Dosing is appropriate (see appendix)
Continuation of Therapy
Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations
1. Initial approvals will be granted for 3 months.
2. Reauthorizations will be granted for 12 months.

Appendix

Dosing

| Siliq (brodalumab) | SQ: 210 mg initially at week 0, 1 and 2; followed by 210 mg every two weeks |

References

Review History
03/01/18 – Reviewed (adopted MH RS)
02/20/19 – Reviewed in P&T Meeting

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