# Siliq (brodalumab)
# Effective 02/20/19

| | | | |
|---|---|---|---|
| **Plan** | ☒ MassHealth<br>☐Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☒ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ Medical Benefit (NLX) | | |
| **Specialty Limitations** | This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy. | | |
| **Contact Information** | **Specialty Medications** | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | **Non-Specialty Medications** | | |
| | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
| | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
| | Exchange | Phone: 855-582-2022 | Fax: 855-245-2134 |
| | **Medical Specialty Medications (NLX)** | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| **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

1. Siliq [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; February 2017.
2. Lebwohl M, Strober B, Menter A, et al. Phase 3 studies comparing brodalumab with ustekinumab in psoriasis. N Engl J Med. 2015;373(14):1318-1328.


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

## Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.