STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BRODALUMAB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
BRODALUMAB	SILIQ	44102		GPI-10 (9025052000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of moderate to severe plaque psoriasis (PsO) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Therapy is prescribed by or in consultation with a dermatologist
   - The patient has psoriasis covering 3% or more of body surface area (BSA) OR psoriatic lesions affecting the hands, feet, genital area, or face
   - The patient had a trial of or contraindication to ONE or more forms of conventional therapies such as PUVA (Phototherapy Ultraviolet Light A), UVB (Ultraviolet Light B), topical corticosteroids (e.g., betamethasone dipropionate, clobetasol propionate), calcipotriene, acitretin, methotrexate, or cyclosporine
   - The patient has been counseled on and expresses understanding of the risk of suicidal ideation and behavior
   - The patient had a trial of or contraindication to TWO of the following preferred agents: Humira (adalimumab), Stelara (ustekinumab), Tremfya (guselkumab), Skyrizi (risankizumab-rzaa), Enbrel (etanercept), Otezla (apremilast), Taltz (ixekizumab), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)
     [NOTE: Pharmaceutical samples acquired from the prescriber or manufacturer assistance program do not qualify.]

     If yes, **approve for 6 months by entering TWO approvals by HICL or GPI-10 as follows:**
     - **FIRST APPROVAL: approve for 1 month with a quantity limit of #6mL.**
     - **SECOND APPROVAL: approve for 5 months with a quantity limit of #3mL per 28 days (Enter a start date that is 5 weeks AFTER the START date of the first approval).**

     If no, do not approve.
     DENIAL TEXT: See the initial denial text at the end of the guideline.

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BRODALUMAB

INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **BRODALUMAB (Siliq)** requires the following rule(s) be met for approval:

A. You have moderate to severe plaque psoriasis (PsO: a type of skin condition)
B. You are 18 years of age or older
C. Therapy is prescribed by or in consultation with a dermatologist (a type of skin doctor)
D. You have psoriasis covering 3% or more of body surface area (BSA) OR psoriatic lesions (rashes) affecting the hands, feet, genital area, or face
E. You had a trial of or contraindication (harmful for) to ONE or more forms of conventional therapies, such as PUVA (Phototherapy Ultraviolet Light A), UVB (Ultraviolet Light B), topical corticosteroids (such as betamethasone dipropionate, clobetasol propionate), calcipotriene, acitretin, methotrexate, or cyclosporine
F. You have been counseled on and express an understanding of the risk of suicidal thoughts and behavior
G. You had a trial of or contraindication (harmful for) to TWO of the following preferred medications: Humira (adalimumab), Stelara (ustekinumab), Tremfya (guselkumab), Skyrizi (risankizumab-rzaa), Enbrel (etanercept), Otezla (apremilast), Taltz (ixekizumab), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)

NOTE: The use of pharmaceutical samples (from the prescriber or manufacturer assistance program) will not be considered when evaluating the medical condition or prior prescription history for drugs that require prior authorization.

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BRODALUMAB

RENEWAL CRITERIA

1. Does the patient have a diagnosis of moderate to severe plaque psoriasis (PsO) and meet **ALL** of the following criteria?
   - The patient has achieved or maintained clear or minimal disease or a decrease in PASI (Psoriasis Area and Severity Index) of at least 50% or more
   - The patient has NOT developed or reported worsening depressive symptoms or suicidal ideation and behaviors
   - The patient had a trial of or contraindication to TWO of the following preferred agents: Humira (adalimumab), Stelara (ustekinumab), Tremfya (guselkumab), Skyrizi (risankizumab-rzaa), Enbrel (etanercept), Otezla (apremilast), Taltz (ixekizumab), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)
     [NOTE: Pharmaceutical samples acquired from the prescriber or manufacturer assistance program do not qualify.]

     If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #3mL per 28 days.** If no, do not approve.

     RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

     Our guideline named **BRODALUMAB (Siliq)** requires the following rule(s) be met for renewal:
     A. You have moderate to severe plaque psoriasis (PsO: a type of skin condition)
     B. You have achieved or maintained clear or minimal disease or a decrease in PASI (Psoriasis Area and Severity Index) of at least 50% or more
     C. You have NOT developed or reported worsening depressive symptoms or suicidal thoughts and behaviors while on treatment with Siliq (brodalumab)
     D. You had a trial of or contraindication (harmful for) to TWO of the following preferred medications: Humira (adalimumab), Stelara (ustekinumab), Tremfya (guselkumab), Skyrizi (risankizumab-rzaa), Enbrel (etanercept), Otezla (apremilast), Taltz (ixekizumab), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)

     NOTE: The use of pharmaceutical samples (from the prescriber or manufacturer assistance program) will not be considered when evaluating the medical condition or prior prescription history for drugs that require prior authorization.

     Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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BRODALUMAB

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Siliq.

REFERENCES

- Siliq [Prescribing Information]. Bridgewater, NJ: Bausch Health US, LLC; April 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 08/28/23

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