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 given in consultation with a dermatologist
   - The patient has psoriatic lesions involving greater than or equal to 10% of body surface area (BSA) **OR** psoriatic lesions affecting the hands, feet, genital area, or face
   - The patient had a previous trial of or contraindication to at least **ONE** or more forms of conventional therapies such as PUVA (Phototherapy Ultraviolet Light A), UVB (Ultraviolet Light B), topical corticosteroids, 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 previous trial of or contraindication to any **TWO** of the following preferred immunomodulators: Cosentyx, Humira, Stelara, Tremfya, Skyrizi, Enbrel, Otezla [**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 #4.5mL (#3 210mg/1.5mL syringes)**
   - **SECOND APPROVAL: approve for 5 months with a quantity limit of #3mL (#2 210mg/1.5mL syringes) per 28 days (Please enter a start date of 1 WEEK AFTER the END date of the first approval)**

   APPROVAL TEXT: Renewal for moderate to severe plaque psoriasis requires that 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, and that the patient has not developed or reported worsening depressive symptoms or suicidal ideation and behaviors while on treatment with Siliq.

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

CONTINUED ON NEXT PAGE

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; scaly, itchy dry skin patches)
B. You are 18 years of age or older
C. The medication is prescribed by or given in consultation with a dermatologist (skin doctor)
D. You have psoriatic lesions (rashes) involving greater than or equal to 10% body surface area (BSA) **OR** psoriatic lesions (rashes) affecting the hands, feet, genital area, or face
E. You had a previous trial of at least ONE or more forms of conventional therapies, unless there is a medical reason why you cannot (contraindication), such as PUVA (Phototherapy Ultraviolet Light A), UVB (Ultraviolet Light B), topical corticosteroids, 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 have previously tried any **TWO** of the following preferred immunomodulators, unless there is a medical reason why you cannot (contraindication): Cosentyx, Humira, Stelara, Tremfya, Skyrizi, Enbrel, Otezla

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

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of moderate to severe plaque psoriasis (PsO) **AND** meet 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

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #3mL (#2 210mg/1.5mL syringes) 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: scaly, itchy dry skin patches)
   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

   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.

RATIONALE

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

REFERENCES

- Siliq [Prescribing Information]. Bridgewater, NJ: Valeant Pharmaceuticals; February 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/20
Created: 01/17
Client Approval: 02/20
P&T Approval: 01/20