

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	20254 P 1217-10
Program	Prior Authorization/Notification
Medication	Siliq® (brodalumab)*  *Siliq is excluded from coverage for the majority of our benefits
P&T Approval Date	5/2017, 5/2018, 2/2019, 2/2020, 2/2021, 2/2022, 2/2023, 7/2023, 10/2024, 10/2025
Effective Date	12/1/2025

**1. Background:**

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.

**2. Coverage Criteria<sup>a</sup>:**

**A. Plaque Psoriasis**

**1. Initial Authorization**

a. **Siliq** will be approved based on **all** of the following criteria:

(1) Diagnosis of moderate to severe plaque psoriasis

**-AND-**

(2) History of failure or loss of response to other systemic therapies

**-AND-**

(3) Patient is not receiving Siliq in combination with another systemic targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Stelara (ustekinumab), Skyrizi (risankizumab), Tremfya (guselkumab), Cosentyx (secukinumab), Taltz (ixekizumab), Ilumya (tildrakizumab), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Otezla (apremilast)]

**Authorization will be issued for 12 months**

**2. Reauthorization**

a. **Siliq** will be approved based on **both** of the following criteria:

(1) Documentation of positive clinical response to Siliq therapy

**-AND-**

- (2) Patient is not receiving Siliq in combination with another systemic targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Stelara (ustekinumab), Skyrizi (risankizumab), Tremfya (guselkumab), Cosentyx (secukinumab), Taltz (ixekizumab), Ilumya (tildrakizumab), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Otezla (apremilast)]

**Authorization will be issued for 12 months**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- \*Siliq is excluded from coverage for the majority of our benefits
- Medical Necessity, Supply limits and/or Step Therapy may be in place.

### 4. Reference:

1. Siliq [package insert]. Bridgewater, NJ: Bausch Health US LLC; August 2024.

Program	Prior Authorization/Notification – Siliq (brodalumab)
<b>Change Control</b>	
5/2017	New program.
5/2018	Annual review with no changes to coverage criteria.
2/2019	Annual review. Updated background.
2/2020	Annual review with no changes to coverage criteria.
2/2021	Annual review. Updated reauthorization duration.
2/2022	Annual review with no changes to coverage criteria.
2/2023	Annual review. Updated listed examples from Humira to adalimumab and added Rinvoq. Added state mandate footnote.
7/2023	Updated not receiving in combination language to targeted immunomodulator and updated examples.
10/2024	Annual review. Added Siliq is excluded from coverage for the majority of our benefits.
10/2025	Annual review. Added “systemic” to clarify examples with no change to clinical intent. Updated reference.