UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2022 P 1217-6
Program	Prior Authorization/Notification
Medication	Siliq® (brodalumab)
P&T Approval Date	5/2017, 5/2018, 2/2019, 2/2020, 2/2021, 2/2022
Effective Date	5/1/2022; Oxford: N/A

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:

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 **any** of the following:

(a) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(c) Phosphodiesterase 4 (PDE4) inhibitor [e.g. 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 **any** of the following:

(a) Biologic DMARD [e.g., Humira (adalimumab), Cimzia (certolizumab), Stelara (ustekinumab), Cosentyx (secukinumab),]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(c) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months

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.
- Medical Necessity, Supply limits and/or Step Therapy may be in place.

4. Reference:

1. Siliq [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; April 2020.

Program	Prior Authorization/Notification – Siliq (brodalumab)
Change Control	
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.