

**Pharmacy Policy**

**Siliq (brodalumab)**

**Policy Number:** 9.152

**Version Number:** 2.1

**Version Effective Date:** 3/1/2022

Product Applicability <input type="checkbox"/> <b>All Plan+ Products</b>	
<b>Well Sense Health Plan</b> <input type="checkbox"/> New Hampshire Medicaid	<b>Boston Medical Center HealthNet Plan</b> <input type="checkbox"/> MassHealth - MCO <input type="checkbox"/> MassHealth - ACO <input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

**Prior Authorization Policy**

**Products Affected:**

- Siliq ( brodalumab)

The Plan may authorize coverage of the above products for members meeting the following criteria:

<b>Covered Use</b>	All FDA approved indications not otherwise excluded
<b>Exclusion Criteria</b>	None
<b>Required Medical Information</b>	1. Diagnosis of plaque psoriasis (Ps); <b>AND</b> a. Documentation* that the member has tried TWO of the following: i. Enbrel ii. Humira iii. Otezla iv. Skyrizi

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	<ul style="list-style-type: none"> <li>v. Stelara subcutaneous</li> <li>vi. Taltz</li> <li>vii. Tremfya</li> </ul> <p>* Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts</p>
<b>Age Restrictions</b>	18 years of age or older
<b>Prescriber Restriction</b>	Prescribed by or in consultation with a dermatologist
<b>Coverage Duration</b>	Initial: 3 months Reauthorization: 12 months
<b>Other criteria</b>	Reauthorization: <ul style="list-style-type: none"> <li>1. Initial criteria are met; <b>AND</b></li> <li>2. Member's clinical condition has improved or stabilized</li> </ul>

**Applicable Coding:**

None

**Clinical Background Information and References**

1. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. J Am Acad Dermatol. 2019;80(4):1029-1072.
2. Siliq® injection [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; February 2017. Accessed July 2021

Original Approval Date	Original Effective Date	Policy Owner	Approved by
5/24/2021	8/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by

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**Policy Revisions History**

8/12/2021	No recommended changes	1/1/2022	P&T Committee
1/20/2022	Updated to realign with ESI ICCV policy	3/1/2022	P&T Committee

**Next Review Date**

8/2022

**Other Applicable Policies****Reference to Applicable Laws and Regulations, If Any****Disclaimer Information**

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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