

brodalumab subcutaneous injection (SILIQ)

Diagnosis Considered for Coverage:

- Plaque Psoriasis (PsO)

Coverage Criteria:

For plaque psoriasis:

Initial Treatment

- Patient is at least 18 years old, **and**
- Prescribed or recommended by a Rheumatologist or Dermatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to one of the following: methotrexate, cyclosporine (Neoral), acitretin (Soriatane), **or** PUVA/UVB, **and**
- Not being used in combination with Otezla, Sotyktu, or another targeted immunomodulator, **and**
- Inadequate response or intolerable side effect with TWO BSC-preferred agents (e.g. Cosentyx, Enbrel, Enbrel Mini, Hadlima, Humira, Otezla, Skyrizi, Stelara, and Tremfya) **OR** contraindication to ALL preferred agents, **and**
- Dose does not exceed 210 mg given SQ at weeks #0, #1, and #2 followed by 210 mg given SQ every 2 weeks, **and**
- One of the following:
- Baseline PASI score is 10 or more prior to initiating targeted immunotherapy (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**
- Baseline BSA is 3% or more prior to initiating targeted immunotherapy (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**
- Sensitive area is involved (i.e. groin, face, etc.), **or**
- Disease is otherwise debilitating.

Coverage Duration: 24 weeks

Reauthorization

- Patient has shown improvement in the baseline PASI (or BSA if provided on initial request) score, **and**
- Not being used in combination with Otezla, Sotyktu, or another targeted immunomodulator, **and**
- Dose does not exceed 210 mg given once every 2 weeks.

Coverage Duration: one year

Effective Date: 1/31/2024