Clinical Policy Title:	brodalumab
Policy Number:	RxA.746
Drug(s) Applied:	Siliq®
Original Policy Date:	04/18/2022
Last Review Date:	4/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Plaque Psoriasis (must meet all):

1. Diagnosis of Plaque Psoriasis (PsO);
2. Prescribed by or in consultation with a dermatologist or a rheumatologist;
3. Trial and failure of ≥ 3-month of at least one (1) conventional systemic therapy and failure to one conventional systemic therapy (e.g., (methotrexate [MTX], cyclosporin, acitretin) or phototherapy (psoralen plus ultraviolet A light [PUVA]), unless contraindicated or clinically significant adverse effects are experienced;
4. Member meets both (a and b):
   a. Trial and failure of at least three (3) of the following agents: adalimumab (adalimumab-adaz, Amjevita™, Hadlima, Humira, Yusimry), Cimzia®, Enbrel®, Skyrizi®, Tremfya® or Stelara® unless contraindicated or clinically significant adverse effects are experienced;
   b. Trial and failure of Taltz® unless contraindicated or clinically significant adverse effects are experienced.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Plaque Psoriasis (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

Not Applicable.

Review/Revision History	Review/Revision Date	P&T Approval Date
1. RxA.592.Biologic_DMARDs was last reviewed and updated on 01/05/2022 and archived on 04/18/2022. For details, please refer to	01/05/2022	4/18/2022

RxA.592.Biologics_DMARDs.		
Drug specific policy for Siliq® was created based on RxA.592.Biologics_DMARDs: 1. Initial Approval Criteria, 1.A.4: Updated trial and failure criteria to rephrase and include phototherapy (psoralen plus ultraviolet A light [PUVA]). 2. Initial Approval Criteria, I.A.5: Updated to remove prior trial and failure criteria "Failure of two of the following, each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects are experienced: Cimzia®, Humira®, Inflectra®, Otezla®, Renflexis, Skyrizi, Stelara®, Taltz®". 3. Initial Approval Criteria, I.A.5: Updated to include new trial and failure criteria (a and b): a. Trial and failure of at least three (3) of the following agents: Humira®, Cimzia®, Skyrizi®, Tremfya® or Stelara® unless contraindicated or clinically significant adverse effects are experienced; b. Trial and failure of Taltz® unless contraindicated or clinically significant adverse effects are experienced. 4. Initial Approval Criteria, I.A.6: Updated dosing criteria from Dose does not exceed maximum dose indicated in background to Dose does not exceed 210 mg every 2 weeks. *A manual override must be entered in the decision for the quantity limit corresponding to the dose being approved. 5. References were reviewed and updated.	02/15/2022	4/18/2022
Policy reviewed and updated. 1. Initial Approval Criteria, I.A.5.a: Updated trial and failure criteria to include drug Enbrel®. 2. References were reviewed and updated.	10/03/2022	10/19/2022
Policy was reviewed: 1. Initial Approval Criteria, I.A.5.a: Updated trial and failure criteria to include new drug Amjevita™.	04/05/2023	04/13/2023

2. References were reviewed and updated.		
Policy was reviewed: 1. Updated trial and failure criteria to include Humira biosimilar. 2. Removed prior dosing criteria. 3. Updated Approval duration. 4. Removed reauthorization requirement for positive response to therapy. 5. References were reviewed and updated.	11/16/2023	01/01/2024
Policy Reviewed: 1. Removed: “at up to maximally tolerated doses”	3/15/2024	01/01/2024