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Last Review Date: March 6, 2026

Siliq

Description

Siliq (brodalumab)

Background

Siliq (brodalumab) is subcutaneous injectable treatment that helps regulate inflammation in people with moderate to severe plaque psoriasis (PsO). Siliq is an antibody that binds to interleukin 17A (IL-17A) a protein involved in inflammation. Brodalumab binds to IL-17A and prevents it from binding to its receptor, and it inhibits its ability to trigger the inflammatory response that plays a role in the development of plaque psoriasis (1).

Regulatory Status

FDA-approved indication: Siliq 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 (1).

Siliq has a boxed warning for suicidal ideation and behavior which occurred in patients treated with Siliq. A causal association between treatment with Siliq and increased risk of suicidal ideation and behavior has not been established. Prescribers should weigh the potential risks and benefits before using Siliq in patients with a history of depression or suicidality. Patients with new or worsening symptoms of depression or suicidality should be referred to a mental health professional, as appropriate. Prescribers should also reevaluate the risks and benefits of continuing treatment with Siliq if such events occur. Siliq is available only through a restricted program under the SILIQ REMS Program because of the observed suicidal ideation and behavior in subjects treated with Siliq (1).

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Siliq is contraindicated in patients with Crohn's disease because it may cause worsening of the disease (1).

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with Siliq. Do not administer to patients with active TB infection. Initiate treatment for latent TB prior to administering Siliq. Consider anti-TB therapy prior to initiation of Siliq in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Closely monitor patients receiving Siliq for signs and symptoms of active TB during and after treatment (1).

Siliq affects the immune system, thus patients may be at greater risk for infection. If a patient develops a serious infection or is not responding to standard therapy for the infection, monitor the patient closely and discontinue Siliq therapy until the infection resolves (1).

Avoid use of live vaccines in patients treated with Siliq. There is no data available on the ability of live or inactive vaccines to elicit an immune response in patients being treated with Siliq (1).

The safety and effectiveness of Siliq have not been evaluated in pediatric patients (1).

Related policies

Bimzelx, Cosentyx, Taltz

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Siliq may be considered **medically necessary** if the conditions indicated below are met.

Siliq may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

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1. Moderate to severe Plaque Psoriasis (PsO)

AND ALL of the following with provided documentation (e.g., medical records, laboratory reports):

- a. Inadequate treatment response, intolerance, or contraindication to either conventional systemic therapy (see Appendix 1) or phototherapy
 - i. If the patient is intolerant or contraindicated to one therapy then the patient must have an inadequate treatment response, intolerance, or contraindication to the other treatment option
- b. Prescriber agrees to monitor for onset or exacerbations of Crohn's disease and discontinue if necessary
- c. Prescriber agrees to participate in Siliq REMS Program and to monitor for onset of suicidal ideation and behavior and discontinue if necessary
- d. Patient's condition will be re-evaluated at week 12 - 16 to confirm if therapy with Siliq may continue
- e. Prescriber will not exceed the FDA labeled maintenance dose of 210 mg every 2 weeks
- f. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- g. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
- h. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
 - i. **NOT** given concurrently with live vaccines
 - j. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

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1. Plaque Psoriasis (PsO)

AND ALL of the following with provided documentation (e.g., medical records, laboratory reports):

- a. Condition has shown improvement or stabilization
- b. Prescriber agrees to monitor for onset or exacerbations of Crohn's disease and discontinue if necessary
- c. Prescriber agrees to participate in Siliq REMS Program and to monitor for onset of suicidal ideation and behavior and discontinue if necessary
- d. Prescriber will not exceed the FDA labeled maintenance dose of 210 mg every 2 weeks
- e. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- f. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
- g. **NOT** given concurrently with live vaccines
- h. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 28 (210mg) syringes
(injection at Weeks 0, 1, 2 then every 2 weeks)

Duration 12 months

Prior – Approval *Renewal* Limits

Quantity 6 (210mg) syringes per 84 days

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Duration 18 months

Rationale

Summary

Siliq is 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. It is administered as an injection under the skin. Because of the observed suicidal behavior in subjects treated with Siliq, Siliq is available only through a restricted Risk Evaluation and Mitigation Strategy (REMS) program called the SILIQ REMS Program (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Siliq while maintaining optimal therapeutic outcomes.

References

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

Policy History

| Date | Action |
|----------------|--|
| March 2017 | Addition to PA |
| June 2017 | Annual review |
| December 2017 | Annual review |
| June 2018 | Addition of additional requirements to initiation criteria For diagnosis of PsO: if the patient is intolerant or contraindicated to either therapy then the other treatment option needs to be tried Addition of List of DMARDs Appendix Removal of requirements: documented baseline evaluation of the condition using one of the scoring tools and scoring tools in renewal |
| September 2018 | Annual editorial review |
| September 2019 | Annual review |
| December 2019 | Annual review. Addition of requirement to trial preferred product |
| September 2020 | Annual review and reference update |

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| December 2020 | Annual editorial review. Added Appendix 2 with a list of preferred medications based on diagnosis and plan. Changed initial approval duration to 12 months. Added initiation requirement “Patient’s condition will be re-evaluated at week 12 - 16 to confirm if therapy with Siliq may continue”. Added requirements to dose within the FDA labeled maintenance dosing |
| March 2021 | Annual editorial review. Clarification added to the t/f, intolerance, C/I to preferred products requirement indicating that it only applies to claims adjudicated through the pharmacy benefit. Appendix 1 updated. |
| September 2022 | Annual review |
| December 2022 | Annual review |
| September 2023 | Annual review |
| March 2024 | Annual editorial review. Revised FDA dosing language |
| September 2024 | Annual review |
| March 2025 | Annual review and reference update |
| December 2025 | Annual review. Added documentation requirement. Revised Appendix 2 |
| March 2026 | Annual review |

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.

Section: Prescription Drugs**Effective Date:** April 1, 2026**Subsection:** Topical Products**Original Policy Date:** March 31, 2017**Subject:** Siliq**Page:** 7 of 8**Appendix 1 - List of DMARDs****Conventional disease-modifying antirheumatic drugs (DMARDs)**

| Generic Name | Brand Name |
|---------------------|-----------------------------|
| azathioprine | Azasan, Imuran |
| cyclophosphamide | Cytoxan |
| cyclosporine | Neoral, Gengraf, Sandimmune |
| hydroxychloroquine | Plaquenil |
| leflunomide | Arava |
| methotrexate | Rheumatrex, Trexall |
| mycophenolate | Cellcept |
| sulfasalazine | Azulfidine, Sulfazine |

Biological disease-modifying antirheumatic drugs (DMARDs)

| Generic Name | Brand Name |
|---------------------|----------------------|
| abatacept | Orencia |
| adalimumab | Humira |
| anakinra | Kineret |
| bimekizumab-bkzx | Bimzelx |
| brodalumab | Siliq |
| certolizumab | Cimzia |
| etanercept | Enbrel |
| golimumab | Simponi/Simponi Aria |
| guselkumab | Tremfya |
| infliximab | Remicade |
| infliximab-dyyb | Zymfentra |
| ixekizumab | Taltz |
| risankizumab-rzaa | Skyrizi |
| rituximab | Rituxan |
| sarilumab | Kevzara |
| secukinumab | Cosentyx |
| spesolimab-sbzo | Spevigo |
| tildrakizumab-asmn | Ilumya |
| tocilizumab | Actemra |
| ustekinumab | Stelara |
| vedolizumab | Entyvio |

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

| Generic Name | Brand Name |
|---------------------|-------------------|
| apremilast | Otezla |

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| baricitinib | Olumiant |
| deucravacitinib | Sotyktu |
| tofacitinib | Xeljanz/XR |
| upadactinib | Rinvoq |

Appendix 2 - List of Preferred Products

List of preferred products:

https://info.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-misc/FEP_IndicationMedChx.pdf

Refer to formulary documents for confirmation of coverage:

<https://www.fepblue.org/pharmacy/prescriptions#drug-lists>