DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Siliq Drug Quantity Management Policy – Per Days
- Siliq® (brodalumab subcutaneous injection – Valeant)

REVIEW DATE: 01/04/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Siliq, an interleukin (IL)-17A antagonist, is indicated for treatment of adults with moderate-to-severe **plaque psoriasis** who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies.[1] In the pivotal trial, patients were assessed for a response at Week 12.

Dosing

The recommended dose of Siliq is 210 mg administered by subcutaneous injection at Weeks 0, 1, and 2, followed by 210 mg every 2 weeks.[1]

Availability

Siliq is supplied in a carton of two 210 mg/1.5 mL single-dose prefilled syringes.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Siliq, and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met at the point of service,

coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per 28 Days	Home Delivery Maximum Quantity per 84 Days
Siliq® (brodalumab subcutaneous injection)	210 mg/1.5 mL prefilled syringe	2 prefilled syringes (420 mg)	6 prefilled syringes (1,260 mg)

Inflammatory Conditions – Siliq Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient is initiating treatment or requires additional induction dosing, as verified by the absence of claims for Siliq in the past 130 days, approve a one-time override for 4 prefilled syringes (840 mg) at retail or 8 prefilled syringes (1,680 mg) at home delivery.
Note: The override at home delivery allows for initiation dosing at Week 0, Week 1, and Week 2 and then 210 mg once every 2 weeks at Weeks 4, 6, 8, 10, and 12.

REFERENCES

1. Siliq® subcutaneous injection [prescribing information]. Bridgewater, NJ: Valeant, February 2017.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	No criteria changes. Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery.	12/19/2022
Annual Revision	No criteria changes.	01/04/2024