SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Siliq™ (brodalumab) **SQ Injection**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 12 months

Prescriber is a: ❑ **Dermatologist** ❑ **Rheumatologist**

❑ 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

AND

❑ Greater than or equal to 5% body surface area involvement, palmoplantar, facial, or genital involvement, or severe scalp psoriasis

AND

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- ❑ Member has history of failure, contraindication, or intolerance to **BOTH** of the following conventional therapies:
  - ❑ Topical therapy with one of the following:

❑ Corticosteroids (e.g., betamethasone, clobetasol, desonide)	❑ Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
❑ Tazarotene	❑ Vitamin D analogs (e.g., calcitriol, calcipotriene
❑ Anthralin	❑ Coal tar

AND

  - ❑ Systemic therapy of at least 3 months duration with methotrexate

AND

- ❑ Member has history of failure, contraindication, or intolerance, to **TWO** of the following preferred biologic products:

❑ Enbrel®	❑ Humira®	❑ Infliximab

AND

- ❑ Member is not receiving Siliq® in combination with any of the following:
  - Biologic DMARD [e.g., Humira® (adalimumab), Cimzia® (certolizumab), Simponi® (golimumab), Cosentyx® (secukinumab), Orencia® (abatacept)]
  - Janus kinase inhibitor [e.g., Xeljanz® (tofacitinib)]
  - Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla® (apremilast)]

OR

- ❑ Both of the following:
  - ❑ Member is currently on Siliq® therapy
  - ❑ Diagnosis of chronic moderate to severe plaque psoriasis

AND

- ❑ Member is not receiving Siliq® in combination with any of the following:
  - Biologic DMARD [e.g., Humira® (adalimumab), Cimzia® (certolizumab), Simponi® (golimumab), Cosentyx® (secukinumab), Orencia® (abatacept)]
  - Janus kinase inhibitor [e.g., Xeljanz® (tofacitinib)]
  - Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla® (apremilast)]

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Reauthorization Approval – 12 months: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Documentation of positive clinical response to Siliq® therapy

AND

- ❑ Member is not receiving Siliq in combination with any of the following:
  - Biologic DMARD [e.g., Humira® (adalimumab), Cimzia® (certolizumab), Simponi® (golimumab), Cosentyx® (secukinumab), Orencia® (abatacept)]
  - Janus kinase inhibitor [e.g., Xeljanz® (tofacitinib)]
  - Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla® (apremilast)]

Medication being provided by a Specialty Pharmacy - PropriumRx

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.