

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish guidelines for coverage of biologic medications in the treatment of plaque psoriasis.

STATEMENT OF THE POLICY

Prior authorization is required for prescription benefit coverage of alefacept (Amevive™), efalizumab (Raptiva™), etanercept (Enbrel™), or adalimumab (Humira™). Applies to new starts only for Medicare Part D members.

PROCEDURES

1. Clinical Pharmacist Review Criteria for Approval

- 1.1 Must be prescribed by a dermatologist, AND
- 1.2 Patient is ≥ 18 years old, AND
- 1.3 Patient has chronic (≥ 1 year) moderate to severe plaque psoriasis involved $> 10\%$ of BSA that did not respond to topical therapies, AND
- 1.4 Patient has tried and failed at least one of the following systemic therapies or is not a candidate for treatment with any due to contraindication (e.g. methotrexate, azathioprine, cyclosporine, acitretin (Soriatane™), 6-thioguanine, sulfasalazine, hydroxyurea, propylthiouracil, AND
- 1.5 Phototherapy (PUVA or UVB).

2. Exclusion Criteria

- 2.1 Patient with clinically important infections (e.g. cellulites, pneumonia, abscess, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's dis, osteomyelitis.)
- 2.2 Patient who is receiving other immunosuppressive agents or phototherapy

3. The CD4+ T lymphocyte counts of patients receiving AMEVIVE® will be monitored weekly before initiating dosing and throughout the course. Dosing should be withheld if CD4+ T lymphocyte counts are below 250 cells/ μ L. The drug should be discontinued if the counts remain below 250 cells/ μ L for one (1) month.

1. Reference:

- 1.1. Raptiva™ for injection [package insert], South San Francisco, CA; Genentech; October 2003
- 1.2. Callen JP, et al. AAD Consensus Statement on Psoriasis Therapies. J. Am Acad Dermatology, Vol 49, No 5; Nov 2003
- 1.3. Recommendations from National Psoriasis Foundation, Dec 2003
- 1.4. Efalizumab, Pharmacy and Therapeutics Review, Wolters Kluwer Health, Inc., Jan 2004
- 1.5. Etanercept, Pharmacy and Therapeutics Review, The Formulary, Jan 1999
- 1.6. Leonardi C., Treating Psoriasis as a T-Cell Mediated Disease, Managed Care, Vol 13, No 4, April 2004
- 1.7. Alefacept, Pharmacy and Therapeutics Review, Wolters Kluwer Health, Inc., April 2003
- 1.8. Shaw J., Overview of Psoriasis, Uptodate online
- 1.9. Humira injection [package insert], North Chicago, IL; Abbott; Revised 2/08