

# 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  $\geq$  18 years old,

### **2. Exclusion Criteria**

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