



## **Guidelines for Medication Coverage:**

### **Biologic Therapies for Chronic Plaque Psoriasis**

#### **Alefacept (Amevive)**

##### **Background:**

Studies have documented the immune component of chronic psoriasis and the role of T-lymphocytes and cytokines in the pathogenesis of the condition. Agents that inhibit tumor necrosis factor or T-cell proliferation have been found to produce long-lasting remissions of psoriasis. Greater than 40% of patients with chronic psoriasis treated with alefacept, efalizumab, infliximab, or etanercept have been shown to achieve a 75% reduction in disease.

##### **Administration:**

Alefacept is a dimeric fusion protein that interferes with lymphocyte activation. Alefacept is administered as a weekly intramuscular or IV bolus dose.

##### **Criteria for approval:**

1. Alefacept should be prescribed by a dermatologist or rheumatologist or patients treated by these agents should be under the care of and therapy directed by a dermatologist or rheumatologist.
2. Alefacept should be prescribed for patients 18 years of age and older with moderate-to-severe plaque psoriasis who have greater than 10% body surface area involvement or severe involvement of the palms, soles, head, neck, or genitalia; **AND**
3. The patient is considered a candidate for systemic therapy or phototherapy **AND**
4. The plaque psoriasis has been present for more than 12 months.

**Note:** The use of phototherapy concurrently with alefacept is contraindicated.

##### **Special Instructions:**

Alefacept is administered by IM injection in a physician office and is covered as a medical benefit. Alefacept can be supplied either by the provider office or by Walgreens Specialty Pharmacy. The Pharmacy Management Department can initiate the alefacept delivery by Walgreens Specialty Pharmacy.

##### **Authorization Procedure:**

- 1) All courses of alefacept require prior authorization.
- 2) Authorization Period:  
A course of therapy is twelve weeks. Disease remission after a twelve week course of therapy can be expected to last up to seven months. A second twelve week course may be authorized for the treatment of a relapse.
- 3) Prescribers should contact the Pharmacy Authorization Unit at (330) 996-8781
- 4) The prescriber and member will be notified of authorization or denial as delineated in the SummaCare Pharmacy Benefit Management policies and procedures. The Pharmacy Authorization Specialist will perform any necessary override/exception entry into the appropriate claims processing system.

**Approved:** SummaCare Pharmacy & Therapeutics Committee February 5, 2004

**Revised and Approved:** November 3, 2005; November 2, 2006

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Medical Director

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Pharmacy Director

**References:**

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Leonardi CL, Powers JL, Matheson RT, et al. Etanercept as monotherapy in Patients with Psoriasis. *New England Journal of Medicine*. 2003; 349(21) 2014 – 2022.

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