

Complete Patient and Physician information (PLEASE PRINT)

STEP 1	Member Name:	Physician Name:
	Address:	Address:
	Member ID:	Phone #:
	Member DOB:	Fax #:
		Tax ID or NPI Number:

If Applicable: Pharmacy Name: _____
Pharmacy Phone: _____

Complete the Clinical Assessment:

STEP 2	Diagnosis	<input type="checkbox"/> Moderate to severe chronic plaque psoriasis <input type="checkbox"/> Other (please state): _____	
	Clinical Consideration	<input type="checkbox"/> Patient must have tried phototherapy. OR <input type="checkbox"/> Provide clinical rationale for excluding phototherapy. <input type="checkbox"/> Patient must have documented failure or intolerance with at least two oral therapies (including methotrexate, cyclosporine, or Soriatane). OR <input type="checkbox"/> Provide clinical rationale for not attempting treatment with two oral agents.	
	Physician Specialty	<input type="checkbox"/> Rheumatologist	<input type="checkbox"/> Dermatologist <input type="checkbox"/> Other (please state): _____
	Supporting Documentation	Diagnosis: ICD-9 Code #/ Description / J Code (required): Please attach a copy of the prescription or provide ALL of the information below: Amevive® (alefacept) Strength _____ Sig _____ Qty _____ Refills _____ Please attach all relevant medical records and test results. Incomplete forms will not be processed.	

I certify that the above is correct and accurate to the best of my knowledge (please sign and date).

STEP 3	_____	_____
	Prescriber Signature	Date

**STEP 4 Fax completed form to the Rocky Mountain Health Plans Pharmacy Help Desk:
970-248-5034**

Name of Person filling out form: _____

Pharmacy Technician initials _____ Date Initiated _____

Confidentiality Notice:

This facsimile transmission (and/or documents accompanying it) may contain confidential information. This information is intended only for the use of the individual(s) named above. If you have received this transmission in error, or cannot identify the recipient for distribution purposes, please notify us immediately at 970-244-7760. Plans underwritten by Rocky Mountain HMO or Rocky Mountain HealthCare Options. 09/15/11

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Amevive (alefacept)

CLASSIFICATION

- Immune suppressant

DESCRIPTION

- Alefacept interferes with lymphocyte activation by specifically binding to the lymphocyte antigen, CD2, and inhibiting LFA-3/CD2 interaction. Activation of T lymphocytes involving the interaction between LFA-3 on antigen-presenting cells and CD2 on T lymphocytes plays a role in the pathophysiology of chronic plaque psoriasis. The majority of T lymphocytes in psoriatic lesions are of the memory effector phenotype characterized by the presence of the CD45RO marker, express activation markers (e.g., CD25, CD69) and release inflammatory cytokines, such as interferon γ .
- Alefacept also causes a reduction in the subsets of CD2+ T lymphocytes (primarily CD45RO+), presumably by bridging between CD2 on target lymphocytes and immunoglobulin Fc receptors on cytotoxic cells, such as natural killer cells. Treatment with alefacept results in a reduction in circulating total CD4+ and CD8+ T lymphocyte counts. CD2 is also expressed at low levels on the surface of natural killer cells and certain bone marrow B-lymphocytes. Therefore, the potential exists for alefacept to affect the activation and numbers of cells other than T lymphocytes.
- Alefacept is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy: Response rates with alefacept must be considered modest in view of the relatively high placebo response in some studies. The long duration of remission observed posttherapy in some patients would be a distinct advantage over systemic cyclosporine or methotrexate (and possibly efalizumab); follow-up data in more patients are required to confirm this advantage.
- At present, alefacept should be considered in patients with chronic moderate or severe plaque psoriasis who have not responded well to, or are intolerant of, conventional therapy (eg, systemic steroids, PUVA, methotrexate, systemic retinoids, cyclosporine).
- Completion of additional studies, and comparisons with efalizumab, will clarify its place in therapy, including potential for first-line use. The cost of therapy with both of these agents could be a major factor in selection and ultimate clinical use.

FORMULARY COVERAGE

Prior authorization: Required

Good Health Formulary: Medical benefit

Commercial Formulary: Medical benefit

Medicare Part D coverage: T4

COVERAGE CRITERIA

Amevive (alefacept) meets the definition of **medical necessity** for the following:

- Plaque psoriasis, chronic (Moderate to Severe)

Amevive (alefacept) is considered **experimental** for the following:

- Psoriasis with arthropathy

Required Provider Specialty:

- Approval is limited to Dermatology

DOSAGE/ADMINISTRATION:

Adult Dosing (safety and efficacy has not been determined for children):

- Plaque psoriasis, chronic (Moderate to Severe): 15 mg IM once weekly for 12 weeks; retreatment with an additional 12-week course may be given if the CD4+ T lymphocyte count is within normal range and a minimum of 12 weeks has passed since the previous course of treatment
- Plaque psoriasis, chronic (Moderate to Severe): 7.5 mg IV bolus once weekly for 12 weeks; retreatment with an additional 12-week course may be given if the CD4+ T lymphocyte count is within normal range and a minimum of 12 weeks has passed since the previous course of treatment

Note:

- Dosing should be withheld if CD4+ T lymphocytes counts are below 250 cells/microliter.

PRECAUTIONS:

- Contraindications:
 - CD4+ T lymphocyte count below normal; alefacept therapy causes dose-dependent reductions in CD4+ and CD8+ T lymphocyte counts
 - HIV infection; potential for acceleration of disease progression or proliferation of disease complications due to CD4+ T lymphocyte count reduction induced by alefacept therapy
- Concurrent immunosuppressive agents or phototherapy; potential for excessive immunosuppression
- History of systemic malignancy or high risk for malignancy; possible increased risk of malignancies is associated with alefacept therapy
- Infection, chronic or clinically important, or history of recurrent infection; possible increased risk of infection is associated with alefacept therapy

Billing/Coding information

CPT Coding:

96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
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HCPCS Coding:

J0215	Injection, alefacept 0.5mg
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CD-9 Diagnoses Codes That Support Medical Necessity:

696.1	psoriasis
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COST

- AWP (April 2010): Amevive 15mg vial for injection (1): \$1,092.00

COMMITTEE APPROVAL:

GUIDELINE UPDATE INFORMATION:

April 2010	Medical Policy created
September 2011	PA revised

REFERENCES:

- DRUGDEX®, accessed 04/05/2010
- Product Information: AMEVIVE(R) injection, alefacept injection. Biogen Idec, Inc, Cambridge, MA, 2005