



MEDICAL POLICY

Date Reviewed: 01/23/04, 03/24/06, 04/20/07, 12/28/09, 10/22/10, 04/15/11

Subject: Amevive (alefacept)

Description: Amevive is an immunosuppressive protein that selectively reduces pathogenic T cells and interferes with lymphocyte activation, thus reducing the hyperproliferation and inflammation that characterizes psoriatic plaques.

Indications of Coverage:

Amevive is considered medically necessary when all of the following criteria are met:

The medical record documents moderate to severe chronic plaque psoriasis (psoriasis affecting at least 10% of the body surface area)

The individual is over 18 years of age

The medical record and pharmacy records document a trial of conservative treatment consisting of at least three months use of each of the following:

Methotrexate, soriatane, or cyclosporine (a three month trial of a TNF inhibitor would also meet this requirement)

Phototherapy (ultraviolet B (UVB) or psoralens plus ultraviolet A (PUVA)

Topical treatments

CD4+ lymphocyte counts are within normal ranges

Amevive is prescribed by a dermatologist

In case of a relapse, the treatment may be repeated once if the initial course of therapy resulted in remission, and a minimum of twelve weeks has elapsed since completion of the previous treatment.

Dosage and administration: The recommended dose of Amevive is 7.5mg given once weekly as an IV bolus or 15mg once weekly as an IM injection. It is usually administered as an IM injection and may be given in the physician's office or may be self-administered after training. The recommended regimen is a course of 12 weekly injections.

Limitations of coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Amevive is considered not medically necessary in the following situations:

The individual is under eighteen years of age

For individuals who receive Amevive after failure of an initial course of Amevive. (Failure is defined as an improvement in PASI (psoriasis area and severity index) of less than 75% by two weeks after the last dose of Amevive or by a PGA (physician global assessment) of greater than one (worse than almost clear).)

For individuals with a CD4+ count below 250 cells/microliter at the time of administration or for patients whose CD4+ count is less than 250 cells/microliter for one month.

For individuals with a clinically significant infection, current malignancy, or a history of systemic malignancy.

More than two treatment cycles of Amevive are considered investigational. There is insufficient peer-reviewed scientific literature supporting the effectiveness of more than two treatment cycles.

Documentation required:

Office notes

Lab reports (CD4+ counts)

Rationale: Plaque psoriasis is a chronic inflammatory disorder that is usually characterized by rough scaly patches of skin. Increased activity of certain white blood cells called "T cells" promotes inflammation and creates unusually active turnover of skin cells. Amevive reduces the activity of the T cells. However, since this action of this drug can reduce the body's ability to fight infection, regular blood tests are needed. The drug is FDA-approved for patients with moderate to severe psoriasis and would be appropriate for those who have previously tried other treatments.

References: Amevive (alefacept). Deerfield, IL: Astellas Pharma US. Revised: May 2010. Available at: www.astellas.us/docs/amevive.pdf Accessed: 2 Mar 11.

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Approved by the Medical Director