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## Amevive® Step Therapy Criteria

Brand	generic	Dosage Form
Amevive®	alefacept	injection

### FDA-APPROVED INDICATIONS<sup>1</sup>

Amevive is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy.

### RATIONALE FOR SELECTING AMEVIVE FOR STEP THERAPY

Amevive has been selected for step therapy because the majority of patients experiencing active disease can be successfully managed with topical therapy.<sup>2</sup> Corticosteroids are the most commonly prescribed therapy for psoriasis and in treatment algorithms for the disease corticosteroids are considered initial therapy.<sup>3,4</sup> Alternatives to topical corticosteroids, which may cause skin atrophy, include the following; coal tars; calcipotriene ointment, a synthetic vitamin D<sub>3</sub> analogue; tazarotene, a topical retinoid; anthralin; and intralesional corticosteroid injections.<sup>2</sup> When patients have psoriasis that is refractory to topical therapy or affected areas are too widespread for topical treatment, phototherapy or systemic therapy are generally prescribed. Alternatives include combination therapy with oral or topical psoralens and UVA radiation (PUVA) and systemic agents such as methotrexate, cyclosporine, and the retinoid, acitretin. Amevive has the Food and Drug Administration (FDA) labeling approval for the indication of plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.<sup>1</sup>

Psoriasis is a T-cell mediated immune disorder in which CD4+ and CD8+ memory T-cells stimulate the hyperproliferation of keratinocytes.<sup>6</sup> Amevive affects the disease process by inhibiting T-cell activation.<sup>1</sup> It specifically binds to the lymphocyte antigen, CD2, on memory T-lymphocytes inhibiting human leukocyte function antigen-3 (LFA-3)/CD3 interaction and thereby preventing activation of memory T-cells and reducing their number.<sup>1</sup>

FDA approval of Amevive was based on results of two randomized, double-blind, placebo-controlled studies enrolling 1,060 patients with plaque psoriasis.<sup>6,7</sup> Both studies demonstrated a significantly higher percentage of patients administered Amevive responded to treatment compared to those receiving placebo. Lebwol et al, evaluated 507 adults with moderate to severe chronic plaque psoriasis treated with placebo or intramuscular Amevive at 10 mg or 15 mg once weekly for 12 weeks followed by 12 weeks of observation.<sup>7</sup> Mean reductions in the Psoriasis Activity and Severity Index (PASI) in the 15 mg Amevive, 10 mg Amevive, and placebo groups reached a maximum of 46 percent, 41 percent, and 25 percent, respectively, six weeks after dosing.<sup>7</sup> The percentages of patients experiencing at least 75 percent improvement in PASI at any time during the dosing and observation period was 33 percent, 28 percent, and 13 percent in the 15 mg, 10 mg, and placebo groups, respectively. Patients in these treatment groups achieving a Physician's Global Assessment score of clear or almost clear were 24 percent, 22 percent, and 8 percent, respectively. Response to Amevive was greater in patients who had never received previous systemic therapy and in patients with a baseline PASI greater than 20.<sup>7</sup>

Krueger et al., evaluated the efficacy of Amevive in 553 patients with chronic plaque psoriasis. Patients were randomized to one of 3 treatment regimens; two 12-week courses of Amevive 7.5 mg intravenously (IV) once daily, or one course of Amevive 7.5 mg IV once daily and one course of placebo, or one 12-week course of placebo and one course of Amevive 7.5 mg IV once daily.<sup>6</sup> There was a 12-week period of observation after each course of therapy. During and after the first course of treatment, a 75 percent or greater reduction in PASI was observed in 28 percent of patients treated with Amevive compared to 8 percent of placebo-treated patients. With two courses of Amevive IV, 40 percent of patients achieved a 75 percent or greater reduction in PASI. For those patients receiving one course of Amevive and experiencing a 75 percent reduction in PASI, a 50 percent or greater reduction was maintained over a median duration of more than 7 months. With two courses of Amevive, remissions were lasting for more than one year.<sup>6</sup>

## **INITIAL AUTOMATIC STEP THERAPY EDIT FUNCTIONALITY**

The overall process for step therapy requires that another drug or drugs be tried for a specific quantity of drug in the previous time period before the claim drug. The patient must have evidence of the applicable drug-specific edit(s) in the patient's prescription drug history.

### *Amevive<sup>®</sup> edit*

In order for an Amevive claim to pay automatically the patient must have evidence of a claim for a topical or systemic psoriasis treatment in their medication history within the past six months.

Topical treatment that will allow automatic payment for Amevive include coal tar products (GPI 9052\*\*\*\*\*), anthralin, (GPI 902500\*\*\*\*\*), topical corticosteroids, (GPI 9055\*\*\*\*\*), calcipotriene, (GPI 902500\*\*\*\*\*), and tazarotene, (GPI 902500\*\*\*\*\*). A claim for Amevive will also pay automatically if there is evidence of a claim for systemic methotrexate (GPI 21300050\*\*\*\*\* or 66250050\*\*\*\*\*), cyclosporine (GPI 9940202030\*\*\*\*), acitretin (GPI 9025051000\*\*\*\*), or methoxsalen (GPI 90250560\*\*\*\*\*). Claims for Amevive will automatically pay if there is evidence of previous use of another biological agent (Enbrel, GPI 66290030\*\*\*\*\* or Raptiva, GPI 90250527\*\*\*\*\*) within the six-month look-back time frame and there has been a minimum of 30 days between the apparent end of Enbrel or Raptiva therapy and the new claim.

Amevive claims will also pay automatically if there is evidence of Amevive therapy (GPI 9025051500\*\*\*\*) within 90 days prior to the new claim. The 90 day parameter is intended to identify current use and prevent disruption of previously established therapy. The claims system is designed to identify an Amevive claim with a day's supply that ends within the 90-day look-back parameter.

If the patient has met any of the requirements defined above, the claim for Amevive will be paid automatically under the patient's current prescription benefit. If the patient does not meet the step therapy criteria, then the claims adjudication system will reject the claim and a Point of Sale message will indicate that a prior authorization is necessary. The *Prior Authorization (PA) Criteria for Approval* would then be applied to requests submitted by the patient's practitioner for evaluation.

## **CLINICAL RATIONALE FOR STEP THERAPY FUNCTIONS**

### *Step therapy Electronic Edit*

The intent of the initial step therapy edit is to electronically identify patients that have been previously treated with topical or systemic antipsoriatic agents or Amevive. The majority of patients with psoriasis can be effectively treated with topical agents, corticosteroids being the most prescribed and most effective. Chronic plaque psoriasis is a disease with symptoms that wax and wane and treatment may be intermittent. Therefore, the step edit function will require one claim for one of the designated agents in the previous 180 days.

### *Prior Authorization (PA) Criteria for Approval*

The intent of the *PA Criteria for Approval* is to ensure that patients have been diagnosed with plaque psoriasis and are properly selected according to product labeling and/or clinical studies and/or guidelines.

The *PA Criteria for Approval* will require a diagnosis of plaque psoriasis. A trial of at least one topical or systemic antipsoriatic agent or prior use of Amevive will be required before treatment with Amevive will be approved. According to American Academy of Dermatology Guidelines of Care for Psoriasis, the majority of patients can be successfully treated with topical agents.<sup>2</sup> Prior use of the biological agents Enbrel or Raptiva will be considered as a previous systemic antipsoriatic agent and use of Amevive will be approved if there will be a minimum of 30 days between therapies. The thirty-day interval is to assure elimination of the previous TNF-blocking agent before administration of a second agent. Amevive product labeling requires that a minimum of 12 weeks has passed since the previous Amevive treatment course. The automated step therapy process cannot verify CD4+ lymphocyte counts on patients meeting the edit and the PA process will not require verification of normal CD4+ lymphocyte counts.

## **PRIOR AUTHORIZATION CRITERIA FOR APPROVAL**

### **Initial and Renewal Evaluation**

1. Has the patient been previously treated with Amevive in the past 90 days?  
If yes, approve for 12 weeks. If no, continue to 2.
2. Has the patient been diagnosed with plaque psoriasis?  
If yes, continue to 3. If no, deny.
3. Has the patient been previously treated with one or more topical or systemic antipsoriatic agents (e.g. topical corticosteroids, topical coal tar products, tazarotene, cyclosporine, methoxsalen, anthralin, calcipotriene, methotrexate, acitretin).  
If yes, approve for 12 weeks. If no, continue to 4.
4. Has the patient been previously treated with Enbrel or Raptiva?  
If yes, continue to 5. If no, deny.
5. Will Enbrel or Raptiva be discontinued prior to the first dose of Amevive?  
If yes, approve for 12 weeks. If no, deny.

## **CONCLUSION**

Step therapy electronic edits are designed to identify patients electronically by their medication history. The prior authorization process provides a member-specific review process. Practitioner provided patient-specific parameters are taken into consideration and are reviewed by a physician. The use of the step therapy protocol for Amevive encourages the use of first-line agents for the treatment of chronic plaque psoriasis.

## **REFERENCES**

1. Amevive<sup>®</sup> product information. Biogen, Inc. September 2005.
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6. Krueger GG, Papp KA, Stough DB, et al. A randomized, double-blind, placebo-controlled phase III study evaluating efficacy and tolerability of 2 courses of alefacept in patients with chronic plaque psoriasis. *J Am Acad Dermatol* 2002;47:821-833.
7. Lebwohl M, Christophers E, Langley R, et al. An international, randomized, double-blind, placebo-controlled phase 3 trial of intramuscular alefacept in patients with chronic plaque psoriasis. *Arch Dermatol* 2003;139(6):791-793.

**Document History**

Original Prime Standard approved by UMC 11/2003

Client specific modifications 07/2005

Annual Review with changes approved by External UMC 11/2005

Annual Review with changes, Client Specific criteria approved by HCSC Corporate Clinical Committee 12/2005

[correction of Enbrel GPI included with AR]