



Coverage Guidelines: Amevive (alefacept)

Policy

Network Health covers Amevive (alefacept) with prior authorization for *Network Health Together*[®], *Network Health Forward*[®], and *Network Health Extend* members who meet specific coverage criteria. Amevive is only available through our specialty pharmacy program as a pharmacy benefit.

Covered conditions

Network Health covers Amevive when a member meets all of the following criteria for plaque psoriasis:

- Is 18 years of age or older, **and**
- Has been evaluated by a dermatologist, **and**
- Has tried and failed treatment with or has a contraindication to at least two of the following therapies: PUVA phototherapy, UVB phototherapy, acitretin, cyclosporine or methotrexate; **or** has tried and failed treatment with another biological agent, such as Humira, Enbrel, or Remicade; **or** is a new Network Health member already stabilized on Amevive treatment

Please note: Network Health will approve three months of initial Amevive therapy for plaque psoriasis. Network Health will approve an additional three months of Amevive therapy for plaque psoriasis when:

- A provider provides clinical documentation (e.g., office note, specialist note) of member improvement while receiving Amevive, **and**
- There has been at least a three-month interval since the end of a member's previous 12-week course of Amevive therapy

Noncovered conditions

Network Health does not cover Amevive for conditions not described in the covered conditions section.

Definition

Plaque psoriasis is a type of psoriasis characterized by red, silvery-white, and scaly skin lesions.

These guidelines apply to *Network Health Together*, *Network Health Forward*, and *Network Health Extend* plans. Coverage is based on member benefits and eligibility; medical necessity review, where applicable; and the Network Health provider agreement. Adherence to these guidelines by a provider does not guarantee coverage. Network Health reserves the right to amend these guidelines at its discretion.



Guidelines references

Amevive [package insert]. (2005). *Biogen Idec Inc.*

Menter, A., Gottlieb, A., Feldman, S. R., Van Voorhees, A. S., Leonardi, C. L., Gordon, K. B., Lebwohl, M., Koo, J. Y. M., Elmets, C. A., Korman, N. J., Beutner, K. R., & Bhushan, R. (2008). Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. *Journal of the American Academy of Dermatology*. 58 (5), 826 – 850.

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