

**Regence BlueCross BlueShield of Oregon · Regence BlueShield
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Medication Policy Manual

Policy No: dru104

Topic: Raptiva[®], efalizumab

Date of Origin: January 2004

Revised/Effective Date: November 14, 2008

Next Review Date: November 2009

IMPORTANT REMINDER

This Medical Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medical policy is to provide a guide to coverage. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

Description

Efalizumab (Raptiva[®]) is a biological medication that affects the part of the immune system involved in the development of psoriasis symptoms. It is used for the treatment of chronic plaque psoriasis.

Policy / Criteria

I. Most contracts require prior authorization approval of efalizumab prior to coverage. Efalizumab may be considered medically necessary in patients with chronic plaque psoriasis when all criteria A through D below are met:

A. Chart notes support a diagnosis of chronic plaque psoriasis involving at least 10% of the body surface area or causes significant functional disability.

AND

B. Treatment with phototherapy or photochemotherapy was ineffective, contraindicated, or not tolerated (see Appendix 1).

AND

C. Treatment with at least one oral systemic agent for psoriasis was ineffective or not tolerated, unless all are contraindicated. Examples of oral systemic agents include, but are not limited to, cyclosporine, methotrexate, and acitretin.

AND

D. The prescribing physician is a dermatologist.

II. Administration, Quantity Limitations, and Authorization Period

A. Regence considers efalizumab to be a self-administered medication.

B. When prior authorization is approved, efalizumab may be authorized in quantities up to 4 kits (supplying 4 doses of up to 125 mg each) per month.

C. Authorization shall be reviewed at least annually to confirm that current medical necessity criteria are met and that the medication is effective.

III. Efalizumab is considered investigational when used for all other conditions, including, but not limited to:

A. Atopic dermatitis

B. Oral erosive lichen planus

C. Psoriatic arthritis

D. Renal transplantation

Position Statement

Treatment of plaque psoriasis^[1, 2, 16-19]

- There are many treatments for psoriasis that are effective, have known long-term safety profiles, and are recommended by national treatment guidelines.
 - * Light therapy, including UVB and PUVA is very effective and safe. UVB therapy can be used at home, as well at the doctor's office. PUVA has the potential to cause long-term remissions.
 - * When systemic therapy is needed to manage psoriasis, oral therapies are the best value.
 - Oral therapies, including methotrexate and cyclosporine, have a proven track record and have been the standard of care for many years.
 - Oral medications are effective for most patients, and cyclosporine is known to work rapidly.
 - Oral therapies have known potential risks. The management of these risks is well established.
- When oral medications and phototherapy is inadequate, the biologic medications (e.g., adalimumab, etanercept, infliximab, efalizumab, alefacept) may be appropriate. Each of these biologics been shown to be effective for psoriasis.
- There are no studies that have shown any one TNF- α inhibitor (etanercept, adalimumab, and infliximab) is more effective than another.
- Alefacept and efalizumab are also effective in some patients, but there is indirect evidence that they may be less effective than other alternatives.
- Individual responses and tolerability are unpredictable and may vary between patients.
- Because responses vary, if one of the biologic agents provides an inadequate response, another biologic medication may yet be effective.

Efficacy of biologic agents in plaque psoriasis [1, 2, 16-19]

The benefit of medications can be indirectly compared by calculating their number needed to treat (NNT). The number needed to treat is a measure of the chances of a patient achieving a benefit (how many patients need to be treated before a benefit is achieved over a certain period of time). The lower the number needed to treat, the more likely the medication will have benefit.

Table 1 summarizes the chances that certain biologic medications will improve size and thickness of skin lesions, redness, and itching in moderate to severe plaque psoriasis:

| Table 1: Chances of improving of skin lesions, redness, and itching, by 75% after 12 to 16 weeks of treatment with biologic medications (compared to no treatment). [1, 2, 16-19] | |
|--|--|
| Medications | Benefit In Moderate To Severe Plaque Psoriasis |
| etanercept (Enbrel), adalimumab (Humira), infliximab (Remicade) | About 1 in 3 likely to benefit ^a NNT = 3 (Range 2-4) |
| alefacept (Amevive) | About 1 in 9 likely to benefit ^a NNT = 9 (Range 2 – 4) |
| efalizumab (Raptiva) | About 1 in 5 likely to benefit ^a NNT = 5 (Range 3 – 6) |

^a Benefit = at least 75% improvement in size and thickness of skin lesions, redness, and itching after 12 to 16 weeks of treatment.

Efficacy of efalizumab in plaque psoriasis

- Results from three, double-blind, placebo-controlled, multicenter trials have demonstrated that 26% to 39% of patients receiving 12 to 24 weeks of therapy with efalizumab had an improvement in symptom scores of at least 75% (PASI-75). Efalizumab was generally well-tolerated over the study period. [4-7]
- The recommended dose of efalizumab is a single 0.7 mg/kg SC conditioning dose followed by weekly SC doses of 1 mg/kg (maximum single dose not to exceed a total of 200 mg). [1]
- In clinical trials, efalizumab at 2 mg/kg administered once weekly was not superior to efalizumab at 1 mg/kg administered once weekly. [1]

Use of efalizumab in other conditions

- Efalizumab demonstrated clinical improvement in a pilot study of patients with severe atopic dermatitis. However, larger well-controlled trials are needed to support use in this condition. ^[10]
- Efalizumab was studied in 38 patients undergoing their first living-related donor- or cadaveric transplant in a non-comparative, open-label fashion. Graft survival at 6 months was 95%, but lack of a comparator group precludes a reliable judgement of efficacy. Randomized, controlled trials are needed. ^[13]
- Efalizumab was studied in four adult patients with erosive lichen planus in a non-comparative, open-label fashion. The mean reduction in affective mucosal surface area was 71.1%, but the small number of subjects and lack of a comparator group preclude a reliable judgement of efficacy. Larger, randomized, controlled trials are needed. ^[14]
- Efalizumab was studied in 115 patients with moderate to severe psoriatic arthritis in a double-blind, randomized placebo-controlled trial. At 12 weeks, no statistically significant difference in efficacy (as measured by ACR 20/50/70 or PsARC) was detected. Efalizumab did result in 72.2% of patient achieving PASI 50, compared with 18.2% receiving placebo, but this was not the primary endpoint of the trial. ^[15]

Safety of efalizumab

- Efalizumab has been associated with the development of progressive multifocal leukoencephalopathy (PML), a rare but life-threatening infection of the brain. Patients with pre-existing infections or who have a compromised immune system should notify their health care professional before beginning treatment with Raptiva. ^[20]
- The most serious adverse reactions observed during treatment with efalizumab were serious infections, malignancies, thrombocytopenia, hemolytic anemia, arthritis events and psoriasis worsening and variants. ^[1]
- Assessment of platelet counts is recommended during treatment with efalizumab.
- The most common adverse reactions associated with efalizumab were a first dose reaction complex that included headache, chills, fever, nausea and myalgia within two days following the first two injections.
- In a pooled analysis of 14 clinical trials, authors reported that the overall incidence of malignancies was similar among patients treated with efalizumab or placebo. Long-term trials designed to evaluate safety are needed to establish whether this is a cause-effect relationship. ^[11]

Appendix 1: Absolute and Relative Contraindications for Phototherapy or Photochemotherapy

Situations where phototherapy may be absolutely or relatively contraindicated include:

- Type 1 or type 2 skin
- History of photosensitivity
- Treatment of facial lesions
- Presence of premalignant lesions
- History of melanoma or squamous-cell carcinoma
- Physical inability to stand for the required exposure time

References

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| Cross References |
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| Amevive [®] , alefacept dru088 |
| Enbrel [®] , etanercept dru035 |
| Humira [®] , adalimumab dru081 |
| Remicade [®] , infliximab dru036 |

| Codes | Number | Description |
|--------------|---------------|------------------------------|
| HCPCS | S0162 | Injection, efalizumab, 125mg |
| HCPCS | J3590 | Unclassified biologics |