

AMEVIVE PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 12 weeks

NOTE: *If medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov*

PA CRITERIA:

- ❖ Approvable for the diagnosis of chronic plaque psoriasis in members 18 years of age or older who have tried systemic therapy
- AND*
- ❖ The minimum body surface area involvement with plaque psoriasis is 10% or more OR the member has plaque psoriasis of the palms, soles, head and neck, or genitalia.
 - ❖ For renewals, the member must have experienced a significant improvement in his psoriatic condition with Amevive. A faxed result of CD4 T-cell (lymphocyte) count is also required for renewals.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.