

## 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.ghp.georgia.gov](http://www.ghp.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.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on "view full list" in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.