

A-Detail™ Fact Sheet (Canada)

Alefacept (AMEVIVE™)

Overview

Alefacept is a synthesized fully human fusion protein marketed by Biogen Idec under the name Amevive™. It is the first of its kind, and currently the only biologic to be approved for the treatment of moderate-to-severe chronic plaque psoriasis. It acts by inhibiting the activation and proliferation of pathogenic memory T-lymphocytes.

Clinical Experience

Early experience with this product suggests that the optimal use may involve two courses. Some patients have shown benefit from receiving longer courses of therapy (treat to clear) than mandated by the FDA in 12-week clinical trials. Combination therapy with UV light, other oral agents and topical treatments may optimize the advantages of this drug. A washout period is not required when transitioning a patient to alefacept from another systemic therapy. In addition to its efficacy, alefacept is recognized for its excellent safety profile and its ability to produce a long remission of chronic plaque type psoriasis.

Patient Profiles

Suitable candidates include patients who:

- have moderate-to-severe disease (>10% involvement of body surface area)
- are candidates for phototherapy or systemic therapy
- have not responded to other systemic therapies, or are uncomfortable with or intolerant to the side effects of other therapies
- have experienced a significant impact on their QOL, even with <10% of body surface area involved.

Dosing

Alefacept 15mg/week IM is the approved and most accepted dose. The standard treatment period is twelve, once-weekly injections, followed by a 12 week treatment-free period. Trials were conducted over 12 weeks with a second course (if required) beginning 12 weeks later for another 3 months. Patients should be administered at least two courses before deciding on the next steps. Clinical impressions indicate that increasing the dosing period beyond 12 weeks (treat to clear) can result in longer remissions.

Efficacy

Efficacy can be measured in different ways. Two commonly used measures are the Psoriasis Area & Severity Index (PASI), which measures the percent surface area involved, as well as the redness, thickness and severity of scaling for each body area, and the Quality of Life (QoL) Index, which is a measure of the change in

a patient's QoL during treatment. A second course of this drug can increase efficacy without increasing side effects. Seven out of 10 patients in the phase III clinical trials had a clinically meaningful response (PASI 50) after only 2 courses of therapy. No rebound has been reported in the psoriasis on cessation of therapy. Alefacept has also been effective in treating psoriatic arthritis in phase II trials.

Side Effects, Compliance & Monitoring

Side Effects

Alefacept has been shown to be well tolerated with an excellent safety profile to date. There has been no reported evidence of an increased risk of infection, no cumulative toxicity, no rebound or flare-up, and no evidence to date regarding an increased risk of cancer. There have been almost no immediate or late hypersensitivity reactions reported.

Compliance

Alefacept is a well-tolerated medication with a very impressive safety profile, and is convenient to administer. The onset of response is slower than some of the other drugs (6-8 weeks with maximal response at 8 weeks after the last dose), but the duration of response is maintained. Clinical experience combining Alefacept with UV therapy, oral retinoid and other drugs has been well tolerated and seems to help increase the onset of response. Alefacept can be administered in the clinic setting or by the patient after getting training by the AMEVIVE™ Care Program nurse. A 24-hour toll-free hotline (1-877-AMEVIVE™) staffed by specially trained nurses has been set up to help patients and maintain compliance.

Monitoring

CD4 + T-lymphocyte counts should be taken bi-weekly to guide dosing. Maximum reduction in CD4+ is usually seen at 6 weeks. If the CD4+ is <250cells/μl, alefacept should be withheld, and if the count stays below 250 cells/μl for longer than a month, the drug should be discontinued. In clinical trials, only 4% of patients had a CD4 count <250 cells/μl, and no patients have to permanently discontinue treatment due to low CD4 counts.

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