

**Otezla (apremilast)
Effective January 1, 2021**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Otezla (apremilast) is an inhibitor of phosphodiesterase 4 (PDE4) and indicated for the treatment of adult patients with active psoriatic arthritis, patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy, and adult patients with oral ulcers associated with Behcet’s Disease.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Otezla excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Psoriatic arthritis (PsA)

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. **ONE** of the following:
 - a. Paid claims or physician documented inadequate response or adverse reaction to **ONE** anti-TNF agent that is FDA-approved for the requested indication
 - b. Contraindication to **ALL** anti-TNF agents that are FDA-approved for the requested indication
3. Appropriate dosing
4. Quantity requested is ≤ 2 tablets/day



Moderate-severe plaque psoriasis (PsO):

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. **ONE** of the following:
 - a. Paid claims or physician documented inadequate response or adverse reaction to **ONE** conventional therapy (see appendix B)
 - i. topical agent
 - ii. phototherapy
 - iii. systemic agent
 - b. Contraindication to **ALL** conventional therapies:
 - i. topical agents
 - ii. phototherapy
 - iii. systemic agents
 - c. Paid claims or physician documented inadequate response or adverse reaction to **ONE** biologic DMARD that is FDA-approved for plaque psoriasis
3. Appropriate dosing
4. Quantity requested is ≤ 2 tablets/day

Oral ulcers associated with Behçet’s Disease

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Appropriate dosing
3. Quantity requested is ≤ 2 tablets/day

Continuation of Therapy

Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

Limitations

1. Initial approvals will be granted for:
 - a. Plaque psoriasis: 3 months
 - b. All other diagnosis: 6 months
2. Reauthorizations will be granted for up to 1 year
3. The following quantity limits apply:

Otezla 30 mg	60 tablets per 30 days
Otezla Therapy Pack 10, 20, 30mg	55 tablets per 28 days, maximum of 1 fill

Appendix

Appendix A: Dosing

Otezla® (apremilast)	Psoriatic arthritis, Plaque psoriasis (moderate-severe) chronic, and Oral ulcers associated with Behçet’s Disease <u>Initial:</u> 10 mg in AM on day 1, 10 mg in AM and 10 mg in PM on day 2, 10 mg in AM and 20 mg in PM on day 3, 20 mg in AM and 20 mg in PM on day 4, 20 mg in AM and 30 mg in PM on day 5, and then 30 mg BID
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Appendix B. Conventional Therapies for Plaque Psoriasis

Conventional Treatment Lines	Agents Used
Topical Agents	emollients, keratolytics, corticosteroids, coal tar, anthralin, calcipotriene, tazarotene, calcitriol, calcineurin inhibitors
Systemic Agents	Traditional DMARDs: methotrexate, apremilast, acitretin,
Phototherapy	ultraviolet A and topical psoralens (topical PUVA), ultraviolet A and oral psoralens (systemic PUVA), narrow band UV-B (NUVB)

References

1. Otezla [package insert]. Summit, NJ: Celgene Corporation; June 2017.
2. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 6: Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions. *J Am Acad Dermatol.* 2011;65(1):137-174.
3. Coates LC, Kavanaugh A, Mease PJ, et al. Group for research and assessment of psoriasis and psoriatic arthritis 2015 treatment recommendation for psoriatic arthritis. *Arthritis Rheumatol.* 2016 May;68(5):1060-71.
4. Schafer P. Apremilast mechanism of action and application to psoriasis and psoriatic arthritis. *Biochem Pharmacol.* 2012;83(12):1583-1590.[PubMed 22257911]

Review History

02/23/15 – Reviewed P&T Mtg
 02/22/16 – Reviewed P&T Mtg
 02/27/17 – Reviewed & revised (adopted SGM & Step) P&T Mtg
 02/20/19 – Reviewed P&T Mtg
 10/21/2020 – Reviewed and Updated; separated out Comm/Exch vs. MassHealth. Matched MassHealth Preferred Unified Formulary for implementation 1/1/2021

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