### 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:

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otezla 30 mg</td>
<td>60 tablets per 30 days</td>
</tr>
<tr>
<td>Otezla Therapy Pack 10, 20, 30mg</td>
<td>55 tablets per 28 days, maximum of 1 fill</td>
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</tbody>
</table>
Appendix

Appendix A: Dosing

<table>
<thead>
<tr>
<th>Otezla® (apremilast)</th>
<th>Psoriatic arthritis, Plaque psoriasis (moderate-severe) chronic, and Oral ulcers associated with Behçet’s Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial: 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,</td>
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<tr>
<td></td>
<td>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</td>
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</tbody>
</table>

Appendix B. Conventional Therapies for Plaque Psoriasis

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

References


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

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.