MEDICATION POLICY:
Otezla®

Generic Name: Apremilast

Therapeutic Class or Brand Name: Otezla

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/25/2016

Date Last Reviewed / Revised: 10/1/2022

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:

A. Moderate to severe plaque psoriasis and both criteria 1 AND 2 are met:

1. Documented treatment failure with, or contraindication to, phototherapy or photochemotherapy.
2. Documented treatment failure to one or contraindication to all conventional systemic immunosuppressant(s) (eg, acitretin, cyclosporine, methotrexate, etc.).

B. Active psoriatic arthritis and criteria 1 or 2 are met:

1. Patient meets disease criteria a OR b below:
   a. Patient has active axial disease.
   b. Patient has concurrent severe psoriatic arthritis and severe psoriasis and meets criteria i and ii:
      i. Documentation of ≥ 1 symptom(s) from each: severe psoriatic arthritis and severe psoriasis (see Appendix Figure 1).
      ii. Documented treatment failure to one or contraindication to all conventional systemic immunosuppressant(s) (e.g., cyclosporine, leflunomide, methotrexate, sulfasalazine, etc.).

C. Recurrent oral ulcers caused by Behcet's disease:

1. Documentation of reoccurrence despite the use oral, topical corticosteroids.
2. Documented treatment failure to one or contraindication to all systemic non-biologic agent(s) (eg, colchicine, azathioprine, etc).

II. Minimum age requirement: 18 years old.

III. Treatment must be prescribed by or in consultation with a rheumatologist or dermatologist.

IV. Documented treatment failure or contraindication to all preferred targeted immunomodulators (refer to plan document for the list of preferred products).

Exclusion Criteria

- Coadministration of Otezla with cytochrome P450 enzyme inducers (ie, rifampin, phenobarbital, carbamazepine, phenytoin).
- Coadministration of Otezla with targeted immune modulators (TIM). Examples of TIM include, but are not limited to, the following:
    - Actemra (tocilizumab), Adbry (tralokinumab-ldrm), Avsola (infliximab-axxq), Cibinqo (abrocitinib), Cimzia (certolizumab pegol), Cosentyx (secukinumab), Dupixent (dupilumab), Enbrel (etanercept), Entyvio (vedolizumab), Humira (adalimumab), Ilaris (canakinumab), Ilumya (tildrakizumab-asmn), Inflectra (infliximab-dyyb), Kevzara (sarilumab), Kineret (anakinra), Olumiant (baricitinib), Orencia (abatacept), Otezla (apremilast), Remicade (infliximab), Renflexis (infliximab-abda), Riabni (rituximab-arrx), Rinvoq (upadacitinib), Rituxan (rituximab), Ruxience (rituximab-pvvr), Siliq (brodalumab), Simponi/Simponi Aria (golimumab), Skyrizi (risankizumab), Sotyktu (deucravacitinib), Stelara (ustekinumab), Taltz (ixekizumab), Tremfya (guselkumab), Truxima (rituximab-abbs), Tysabri (natalizumab), Xeljanz/Xeljanz XR (tofacitinib), Zeposia (ozanimod)

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- 60 tablets per 30 days.

Approval Length

- **Authorization:** 4 months
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

Figure 1. Examples of Severe Psoriatic Arthritis and Severe Psoriasis

Severe Psoriatic Arthritis	Severe Psoriasis
• Erosive disease • Elevated markers of inflammation (ESR, CRP) attributable to PsA • Long-term damage that interferes with function (i.e., joint deformities) • Highly active disease that causes a major impairment in quality of life • Active PsA at many sites including dactylitis, enthesitis • Function-limiting PsA at a few sites • Rapidly progressive disease	• PASI of 12 or more • BSA of 5-10% or more • Significant involvement in specific areas • (e.g., face, hands or feet, nails, intertriginous areas, scalp) where the burden of the disease causes significant disability • Impairment of physical or mental functioning can warrant a designation of moderate-to-severe disease despite the lower amount of surface area of skin involved

REFERENCES

1. Menter A, Gelfand JM, Connor C, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management of psoriasis with systemic nonbiologic therapies. *J Am Acad Dermatol*. 2020;82(6):1445-1486. doi:10.1016/j.jaad.2020.02.044
2. Elmets CA, Lim HW, Stoff B, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy [published correction appears in J Am Acad Dermatol. 2020 Mar;82(3):780]. *J Am Acad Dermatol*. 2019;81(3):775-804. doi:10.1016/j.jaad.2019.04.042
3. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2019;80(4):1029-1072. doi:10.1016/j.jaad.2018.11.057
4. Hatemi G, Christensen R, Bang D, et al. 2018 update of the EULAR recommendations for the management of Behçet's syndrome. *Ann Rheum Dis*. 2018;77(6):808-818. doi:10.1136/annrheumdis-2018-213225
5. Singh JA, Guyatt G, Ogdie A, et al. Special article: 2018 American College of Rheumatology/National Psoriasis Foundation guideline for the treatment of psoriatic arthritis. *Arthritis Rheumatol*. 2019;71(1):5-32. doi:10.1002/art.40726
6. Otezla. Prescribing information. Amgen Inc; 2021. Accessed September 24, 2022. http://www.celgene.com/content/uploads/otezla-pi.pdf.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.