PHARMACY POLICY STATEMENT

BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Otezla (apremilast) will be considered for coverage when the following criteria are met:

For _____ authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consult with a rheumatologist or dermatologist; AND
3. Member has a diagnosis of Behçet's disease; AND
4. Member has recurrent oral ulcers with at least 2 active oral ulcers; AND
5. Member has had a trial and failure of a topical corticosteroid and/or colchicine.
6. Initial: 10 mg in the morning. Titrate upward by additional 10 mg per day on days 2 to 5 as follows: Day 2: 10 mg twice daily; Day 3: 10 mg in the morning and 20 mg in the evening; Day 4: 20 mg twice daily; Day 5: 20 mg in the morning and 30 mg in the evening.
   Maintenance dose: 30 mg twice daily starting on day 6.
   60 tablets per 30 days

If all the above requirements are met, the medication will be approved for 6 months.

For _____:

1. Chart notes must show the member has experienced a decrease in the number of oral ulcers or decrease in pain level associated with oral ulcers.

If all the above requirements are met, the medication will be approved for an additional 12 months.

For _____ authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a rheumatologist or a dermatologist; AND
3. Member has a documented diagnosis of active psoriatic arthritis (PsA); AND
4. Member has met a 3-month trial of a non-biologic DMARD agent (e.g., methotrexate, sulfasalazine, cyclosporine, etc.).

5. Initial: 10 mg in the morning. Titrate upward by additional 10 mg per day on days 2 to 5 as follows: Day 2: 10 mg twice daily; Day 3: 10 mg in the morning and 20 mg in the evening; Day 4: 20 mg twice daily; Day 5: 20 mg in the morning and 30 mg in the evening. Maintenance dose: 30 mg twice daily starting on day 6.
60 tablets per 30 days

[redacted]***ts are met, the medication will be approved for 12 months.***

[redacted]rovided showing improvement of signs and symptoms of disease (ie. [redacted]and pain, improved skin appearance, improved quality of life, etc).

If all the above requirements are met, the medication will be approved for an additional 12 months.

For _____ authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a dermatologist; AND
3. Member has a documented diagnosis of plaque psoriasis; AND
4. Member has tried and failed to respond to treatment with at least of the following:
   a) At least 12 weeks of photochemotherapy (i.e., psoralen plus ultraviolet A therapy);
   b) At least 12 weeks of phototherapy (i.e., UVB light therapy, Excimer laser treatments);
   c) At least a 4-week trial with topical antipsoriatic agents (i.e., anthralin, calcipotriene, coal tar, corticosteroids, tazarotene, tacrolimus, pimecrolimus); AND
5. Member has tried and failed, or unable to tolerate a systemic non-biologic DMARD (i.e., cyclosporine, methotrexate, acitretin) for at least 12 weeks.
6. Initial: 10 mg in the morning. Titrate upward by additional 10 mg per day on days 2 to 5 as follows: Day 2: 10 mg twice daily; Day 3: 10 mg in the morning and 20 mg in the evening; Day 4: 20 mg twice daily; Day 5: 20 mg in the morning and 30 mg in the evening. Maintenance dose: 30 mg twice daily starting on day 6.
   60 tablets per 30 days

If all the above requirements are met, the medication will be approved for 12 months.

For _____:

1. Chart notes have been provided showing improvemehngn010.98 0 0 0.7 C.7 (au (ngn010.98(pr)0.6 (topr)05es)
