

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Apremilast (Otezla)

Notes:

- Quantity Limits: Yes
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^Adequate trial is defined as the following:
 - Phototherapy – 8 weeks
 - Psoriasis systemic medications – 6 weeks

Initiation (new start) criteria: Formulary **apremilast (Otezla)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
 - Patient has failed an adequate trial[^] of phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has tried and failed an adequate trial[^] of, or patient has an allergy or intolerance to at least 1 of the following systemic medications (or contraindication to all)
 - Methotrexate
 - Cyclosporine
 - Acitretin
 - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (oral or topical)
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe] and/or enthesitis [inflammation of the entheses])
 - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (oral or topical)
3. Prescriber is a rheumatologist and patient has a diagnosis of oral ulcers associated with Bechet's disease
 - Patient has tried and failed/intolerant or has contraindication to the following:
 - Topical steroids
 - Colchicine
 - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (oral or topical)

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Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **apremilast (Otezla)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist or rheumatologist
 - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (oral or topical)

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Formulary **apremilast (Otezla)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist or rheumatologist
 - Patient has responded to apremilast as determined by prescriber
 - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (oral or topical)