

apremilast tablet (OTEZLA)

Diagnosis Considered for Coverage:

- Psoriatic Arthritis (PsA)
- Plaque Psoriasis (PsO)
- Oral ulcers (aphthous ulcer, canker sores) **associated with Behcet's Disease**

Coverage Criteria:

For treatment of oral **ulcers (aphthous ulcer, canker sores) associated with Behcet's Disease**:

- Patient is at least 18 years of age, **and**
- Dose does not exceed 60 mg day.

For treatment of psoriatic arthritis:

- Prescribed by or in consultation with a rheumatologist, **and**
- Inadequate response, intolerable side effect, or contraindication methotrexate, **and**
- Not being used in combination with a targeted immunomodulator (e.g. anti-TNF, IL-inhibitors), **and**
- Dose does not exceed 60 mg per day.

For treatment of plaque psoriasis:

- Patient is at least 18 years old, **and**
- Prescribed by or in consultation with a dermatologist or rheumatologist, **and**
- Inadequate response or intolerable side effect to one of the following, or contraindication to all of the following:
 - methotrexate, cyclosporine (Neoral), acitretin (Soriatane), or
 - Topical therapies (e.g. corticosteroids, pimecrolimus (Elidel)/tacrolimus (Protopic), calcipotriene), or
 - PUVA/UVB treatment**and**
- Not used in combination with targeted immunomodulator [IL-17 (e.g. Cosentyx, Siliq, Taltz) or IL-23 (e.g. Ilumya, Skyrizi, Tremfya)], **and**
- Dose does not exceed 60 mg per day.

Coverage Duration: one year

Effective Date: 02/28/2024