

Policy Name:	Otezla (apremilast)	Policy #:	2258P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Otezla.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Otezla under the Specialty Pharmacy benefit when the following criteria have been met.

Criteria

- 1. Coverage Criteria for Psoriatic Arthritis**
 - 1.1 See Psoriatic Arthritis Immunomodulator Therapies policy
- 2. Coverage Criteria for Plaque Psoriasis**
 - 2.1 See Plaque Psoriasis Immunomodulator Therapies policy
- 3. Coverage Criteria for Behcet Disease**
 - 3.1 Documented diagnosis of Behcet Disease/Syndrome with oral ulcers
 - 3.2 Documented failure, intolerance, or contraindication to colchicine
- 4. Approval Time**
 - 4.1 Initial Authorization will be placed for 12 months
 - 4.2 All subsequent authorizations will be placed for 12 months, based upon clinical response to therapy
- 5. Exclusion Criteria**
 - 5.1 Inadequate response to initial or previous apremilast therapy
 - 5.2 Health Alliance does not cover more than one biologic immunomodulator at a time because of the possible increased risk for infections and potential drug interactions

CPT Codes

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HCPCS Codes

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References

1. Otezla (apremilast) [prescribing information]. Thousand Oaks, CA: Amgen Inc; July 2023.
2. Hatemi G, Christensen R, Bang D, et al 2018 update of the EULAR recommendations for the management of Behçet’s syndrome *Annals of the Rheumatic Diseases* 2018;77:808-818.

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DISCLAIMER
 This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when

developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ SummaryPlan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.