BlueCross BlueShield Federal Employee Program

OTEZLA
(apremilast)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** the following:

1. Active Psoriatic Arthritis (PsA)
    a. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional DMARD (see Appendix 1)

2. Active oral ulcers associated with Behçet's Disease (BD)
    a. Previously treated with at least one non-biologic BD medication

AND the following:

a. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)

Age 6 years of age or older

Diagnosis

Patient must have the following:

1. Plaque Psoriasis (PsO)
    a. 6 to 17 years of age **only**: weight ≥ 20 kg **AND** PsO is considered to be moderate to severe
    b. Inadequate treatment response, intolerance, or contraindication to either conventional systemic therapy (see Appendix 1) or phototherapy
        i. If the patient is intolerant or contraindicated to one therapy then the patient must have an inadequate treatment response, intolerance, or contraindication to the other treatment option
    c. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)

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Prior - Approval Limits

Quantity 1 two week starter pack (27 tablet titration pack) **OR**
1 month starter pack (55 tablet titration pack)

AND

180 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Psoriatic Arthritis (PsA)
2. Oral ulcers associated with Behçet's Disease (BD)

AND ALL of the following:

a. Condition has improved or stabilized with therapy
b. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)

Age 6 years of age or older

Diagnosis

Patient must have the following:

1. Plaque Psoriasis (PsO)
   a. 6 to 17 years of age **only**: weight ≥ 20 kg
   b. Condition has improved or stabilized with therapy
   c. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)

Prior – Approval *Renewal* Limits

Quantity 180 tablets per 90 days

Duration 18 months

Appendix 1 - List of DMARDs

Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytoxan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall,
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade/Avsola/Inflectra/Renflexis
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan/Riabni/Ruxience/Truxima
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla
baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

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