

POLICY NAME	Otezla (apremilast)	POLICY #	2258P
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Criteria

Coverage Criteria for Psoriatic Arthritis

- ☐ 1.1 See Psoriatic Arthritis Immunomodulator Therapies policy

Coverage Criteria for Plaque Psoriasis

- ☐ 2.1 See Plaque Psoriasis Immunomodulator Therapies policy

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

Exclusion Criteria – Any of the following prevents coverage

- ☐ 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 HCPCS Codes