Pharmacy Drug Policy Checklist

POLICY NAME	Otezla (apremilast)	POLICY #	2258P

Criteria

Coverage Criteria for Psoriatic Arthritis

☐ See Psoriatic Arthritis Immunomodulator Therapies policy

Coverage Criteria for Plaque Psoriasis

☐ See Plaque Psoriasis Immunomodulator Therapies policy

Coverage Criteria for Behcet Disease

☐ Documented diagnosis of Behcet Disease/Syndrome with oral ulcers

☐ Documented failure, intolerance, or contraindication to colchicine

Exclusion Criteria – Any of the following prevents coverage

☐ Inadequate response to initial or previous apremilast therapy

☐ 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