

**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
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- ☐ Documented failure, intolerance, or contraindication to colchicine

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Inadequate response to initial or previous apremilast therapy
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- ☐ 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