Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

apremilast (Otezla)

**Initiation (new start) criteria:** Formulary *apremilast (Otezla)* will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
   - Patient has failed an adequate trial of phototherapy (unless documented by prescriber phototherapy not appropriate)
   - Patient has tried and failed/intolerant to at least 1 of the following:
     - Methotrexate
     - Cyclosporine
     - Acitretin
   - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (ie tofacitinib)

2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
   - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe])
   - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (ie tofacitinib)

3. Prescriber is a rheumatologist and patient has a diagnosis of oral ulcers associated with Bechet’s disease
   - Patient has tried and failed/intolerant or has contraindication to the following:
     - Topical steroids
     - Colchicine
   - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (ie tofacitinib)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously.**

1. Prescriber is a dermatologist or rheumatologist
   - Patient does not currently have an active prescription for a biologic DMARD or a Janus kinase inhibitor (ie tofacitinib)