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

- Prescriber is a Dermatologist or Rheumatologist
  - AND –
- Diagnosis of psoriatic arthritis (PsA) or psoriasis (PsO)
  - AND –
- For biologic naïve patients with PsA: Inadequate response or contraindication to **TWO** non-biologic DMARD (methotrexate, leflunomide, hydroxychloroquine*, sulfasalazine)
- For biologic naïve patients with PsO: Inadequate response or contraindication to **TWO** conventional therapies: phototherapy, topical corticosteroids, vitamin D analogs (calcitriol, calcipotriene), non-biologic DMARDs (methotrexate, acitretin, cyclosporine)
  - OR –
- Patient has previous trial a biologic for PsA or PsO
  - AND –
- Apremilast is NOT being used in combination with:
  - A biologic DMARD
  - A Janus kinase inhibitor: tofacitinib

Notes:
- *If patient has psoriatic arthritis and psoriasis, hydroxychloroquine is not an option for psoriatic arthritis as it may exacerbate psoriasis
- Biologic Medications: abatacept, adalimumab, anakinra, certolizumab, etanercept, golimumab, infliximab, rituximab, secukinumab, ustekinumab