

AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-305-671-0200.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Otezla[®] (apremilast)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied. **Check the diagnosis below that applies.**

Diagnosis: Active Psoriatic Arthritis (PsA)

Dosing: Oral: 30 mg twice daily

- Member has a diagnosis of active psoriatic arthritis
- Prescriber is a **Rheumatologist**
- Member tried and failed at least **one (1) DMARD** therapy for at least **three (3) months** (check each tried below):

<input type="checkbox"/> methotrexate	<input type="checkbox"/> azathioprine	<input type="checkbox"/> hydroxychloroquine
<input type="checkbox"/> sulfasalazine	<input type="checkbox"/> leflunomide	<input type="checkbox"/> auranofin
<input type="checkbox"/> Other: _____		

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- Member is **NOT** receiving Otezla® in combination with a biologic DMARD [e.g., Enbrel® (etanercept), Humira® (adalimumab), Simponi® (golimumab), Orencia® (abatacept)]

Diagnosis: Plaque Psoriasis

Dosing: Oral: 30 mg twice daily

- Member has a diagnosis of **plaque psoriasis**
- Prescriber is a **Dermatologist**
- Member tried and failed at least **ONE** of either Phototherapy or Alternative Systemic Therapy for at least **three (3) months** (check each tried below):

Phototherapy:

UV Light Therapy

- NB UV-B
- PUVA

Alternative Systemic Therapy:

Oral Medications

- acitretin
- methotrexate
- cyclosporine

- Member is **NOT** receiving Otezla® in combination with a biologic DMARD [e.g., Enbrel® (etanercept), Humira® (adalimumab), Simponi® (golimumab), Orencia® (abatacept)]

Diagnosis: Behçet's Disease

Dosing: Oral: 30 mg twice daily

Initial Authorization: 6 months

- Medication must be prescribed by or in consultation with a **Rheumatologist** or **Dermatologist**
- Member must have active oral ulcers associated with Behçet's Disease (Active oral ulcers defined as two or more oral ulcers)
 - Number of ulcers at baseline: _____
- Member has a history of recurring oral ulcers (defined as at least three occurrences within a 12-month period)
- Member has failed to adequately respond to treatment with at least **TWO** of the following non-biologic medications for the treatment of oral ulcers associated with Behçet's Disease (**verified by chart notes or pharmacy paid claims**):
 - topical or systemic corticosteroids
 - oral colchicine
 - immunosuppressants
- Medication will **NOT** be used in combination with other systemic therapies for Behçet's Disease
- Member does **NOT** have active major organ involvement (defined as currently being treated for active uveitis or vascular or CNS involvement)

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Diagnosis: Behçet's Disease
Dosing: Oral: 30 mg twice daily

Reauthorization: 6 months

- Member has had a reduction of oral ulcers by at least ≥ 1 since beginning therapy with Otezla[®] or since last approval of Otezla[®]

Medication being provided by a Specialty Pharmacy - PropriumRx

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

*Approved by Pharmacy and Therapeutics Committee: 8/17/2014

REVISED/UPDATED: 8/20/2014; 9/5/2014; 9/29/2014; 11/2/2014; 11/20/2014; 5/22/2015; 12/28/2015; 12/19/2016; 8/16/2017; 12/11/2017; 1/9/2018; 2/26/2018; 11/21/2018; 11/20/2019; 1/22/2020; 8/31/2020; 12/3/2020; 1/27/2021; 10/11/2021; 2/24/2022; 6/15/2022; 6/16/2022; 12/21/2022; 10/30/2023