

Clinical Policy: Apremilast (Otezla)

Reference Number: PA.CP.PHAR.245

Effective Date: 08/16

Last Review Date: 04/19

[Revision Log](#)

Description

Apremilast (Otezla®) is an inhibitor of phosphodiesterase 4 (PDE4).

FDA Approved Indication(s)

Otezla is indicated for the treatment of:

- Adult patients with active psoriatic arthritis (PsA)
- Patients with moderate to severe plaque psoriasis (PsO) who are candidates for phototherapy or systemic therapy

Policy/Criteria

Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness® that Otezla is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Psoriatic Arthritis (must meet all):

1. Diagnosis of active PsA;
2. Prescribed by or in consultation with a dermatologist or rheumatologist;
3. Age \geq 18 years;
4. Failure of etanercept (*Enbrel is preferred*) and adalimumab (*Humira is preferred*), each used for \geq 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced, or member is currently receiving Otezla;
**Prior authorization is required for etanercept and adalimumab*
5. Dose does not exceed 60 mg per day.

Approval duration: 6 months

B.

Plaque Psoriasis (must meet all):

1. Diagnosis of PsO
2. Prescribed by or in consultation with a dermatologist or rheumatologist;
3. Age \geq 18 years;
4. Member meets one of the following (a or b):
 - a. Failure of a \geq 3 consecutive month trial of methotrexate (MTX) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
 - b. If intolerance or contraindication to MTX (*see Appendix D*), failure of a \geq 3 consecutive month trial of cyclosporine or acitretin at up to maximally indicated

doses, unless contraindicated or clinically significant adverse effects are experienced;

5. Failure of etanercept (*Enbrel is preferred*) and adalimumab (*Humira is preferred*), each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced, or member is currently receiving Otezla;
*Prior authorization is required for etanercept and adalimumab
6. Dose does not exceed 60 mg per day.

Approval duration: 6 months

C. Other diagnoses/indications

1. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications in Section I (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 60 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications (1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to PA.CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

MTX: methotrexate

PDE4: phosphodiesterase 4

PsO: plaque psoriasis

PsA: psoriatic arthritis

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
acitretin (Soriatane [®])	PsO 25 or 50 mg PO daily	50 mg/day
cyclosporine (Sandimmune [®] , Neoral [®])	PsO 2.5 mg/kg/day PO divided BID	4 mg/kg/day
methotrexate (Rheumatrex [®])	PsO 10 – 25 mg/week PO or 2.5 mg PO Q12 hr for 3 doses/week	30 mg/week
Enbrel [®] (etanercept)	PsO <u>Initial dose:</u> 50 mg SC twice weekly for 3 months <u>Maintenance dose:</u> 50 mg SC once weekly PsA 25 mg SC twice weekly or 50 mg SC once weekly	50 mg/week
Humira [®] (adalimumab)	PsO <u>Initial dose:</u> 80 mg SC <u>Maintenance dose:</u> 40 mg SC every other week starting one week after initial dose PsA 40 mg SC every other week	40 mg every other week

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

**Off-label*

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): known hypersensitivity to apremilast or to any of the excipients in the formulation
- Boxed warning(s): none reported

Appendix D: General Information

- Failure of a trial of conventional DMARDs:
 - Child-bearing age is not considered a contraindication for use of MTX. Each drug has risks in pregnancy. An educated patient and family planning would allow use of MTX in patients who have no intention of immediate pregnancy.

- Social use of alcohol is not considered a contraindication for use of MTX. MTX may only be contraindicated if patients choose to drink over 14 units of alcohol per week. However, excessive alcohol drinking can lead to worsening of the condition, so patients who are serious about clinical response to therapy should refrain from excessive alcohol consumption.
- PsA: According to the 2018 American College of Rheumatology and National Psoriasis Foundation guidelines, TNF inhibitors or oral small molecules (e.g., methotrexate, sulfasalazine, cyclosporine, leflunomide, apremilast) are preferred over other biologics (e.g., interleukin-17 inhibitors or interleukin-12/23 inhibitors) for treatment-naïve disease. TNF inhibitors are also generally recommended over oral small molecules as first-line therapy unless disease is not severe, member prefers oral agents, or TNF inhibitor therapy is contraindicated.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
PsA, PsO	<p>Titrate to reduce risk of gastrointestinal symptoms:</p> <p>Day 1: 10 mg in morning</p> <p>Day 2: 10 mg in morning and 10 mg in evening</p> <p>Day 3: 10 mg in morning and 20 mg in evening</p> <p>Day 4: 20 mg in morning and 20 mg in evening</p> <p>Day 5: 20 mg in morning and 30 mg in evening</p> <p>Day 6 and thereafter: 30 mg twice daily</p> <p>Severe Renal Impairment: 30 mg once daily</p> <p>Titrate using only morning schedule and skip afternoon dose.</p>	30 mg twice daily

VI. Product Availability

Tablets: 10 mg, 20 mg, 30 mg

VII. References

1. Otezla Prescribing Information. Summit, NJ: Celgene Corporation; June 2017. Available at <http://www.otezla.com/>. Accessed February 26, 2019.
2. Menter A, Gottlieb A, Feldman SR, Van Voorhees AS, Leonardi CL, Gordon KB, et al. American Academy of Dermatology. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. J Am Acad Dermatol 2008 May; 58(5):826-50.
3. Gossec L, Smolen JS, Ramiro S, et al European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update Annals of the Rheumatic Diseases Published Online First: 07 December 2015. doi: 10.1136/annrheumdis-2015-208337.
4. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. American College of Rheumatology. 2019; 71(1):5-32. doi: 10.1002/art.40726

Reviews, Revisions, and Approvals	Date	Approval Date
2Q 2018 annual review: removed requirement that Otezla will not be used concurrently with a biologic agent; references reviewed and updated.	2.27.18	
2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per ACR/NPF 2018 guidelines; references reviewed and updated.	04.17.19	