SENTARA HEALTH PLANS

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 1-800-750-9692**. 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 may be delayed.**

Drug Requested: Otezla® (apremilast)

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

Member Name: _____

Member Sentara #: _____ **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:** _____

Member's Weight: _____ **kg**

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**

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- ❑ Member tried and failed at least **one (1) DMARD** therapy for at least **three (3) months** **(check each tried below)**:

❑ methotrexate	❑ azathioprine	❑ hydroxychloroquine
❑ sulfasalazine	❑ leflunomide	❑ auranofin
❑ Other: _____		

- ❑ 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 Behcet'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)**:

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- ❑ 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)

❑ **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.*