Medical Policy

BlueCross BlueShield of Kansas
An independent licensee of the Blue Cross Blue Shield Association

Title: Otezla (apremilast)

- **Prime Therapeutics will review Prior Authorization requests**
  Prior Authorization Form:
  https://www.bcbsks.com/CustomerService/Forms/pdf/PriorAuth-6343KS-OTEZ.pdf

  Link to Drug List (Formulary):
  http://www.bcbsks.com/CustomerService/PrescriptionDrugs/drug_list.shtml

Professional
Original Effective Date: January 1, 2017
Revision Date(s): January 1, 2017; October 1, 2017; October 15, 2017; January 26, 2018; September 1, 2018
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Institutional
Original Effective Date: January 1, 2017
Revision Date(s): January 1, 2017; October 1, 2017; October 15, 2017; January 26, 2018; September 1, 2018
Current Effective Date: September 1, 2018

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

The intent of the Otezla (apremilast) Prior Authorization with Quantity Limit criteria is to ensure that patients prescribed therapy are properly selected according to Food and Drug Administration (FDA)-approved product labeling and/or clinical guidelines and/or clinical trials. The criteria will encourage the use of first-line conventional agents.

Target Agents

Otezla® (apremilast)

FDA Approved Indications and Dosage[1]

Agent	FDA Labeled Indication	Dosing
Otezla® (apremilast) tablets	Treatment of adult patients with active psoriatic arthritis Treatment of patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy	Initial dose titration: Day 1: 10 mg morning (am) Day 2: 10 mg am and 10 mg evening (pm) Day 3: 10 mg am and 20 mg pm Day 4: 20 mg am and 20 mg pm Day 5: 20 mg am and 30 mg pm Day 6 and thereafter: 30 mg twice daily Maintenace dose: 30 mg twice daily

POLICY

Prior Authorization and Quantity Limits Criteria for Approval

Initial Evaluation

Otezla (apremilast) will be approved when the following are met:

1. The patient has an FDA labeled indication for the requested agents AND ONE of the following:
   a. There is documentation that the patient is currently being treated with the requested agent within the past 90 days
      OR
   b. The prescriber states the patient is currently being treated with the requested agent within the past 90 days AND is at risk if therapy is changed
      OR
   c. The patient's medication history indicates previous use of a biologic immunomodulator agent that is FDA labeled for the same indication as the requested agent
      OR
   d. The patient has tried and had an inadequate response to ONE conventional agent for the minimal trial length
      OR
   e. The patient a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least ONE conventional agent

   AND

2. ONE of the following:
   a. The patient is NOT currently being treated with another biologic immunomodulator agent
      OR
   b. The patient is currently being treated with another biologic AND it will be discontinued prior to starting the requested agent

   AND
3. The prescriber is a specialist in the area of the patient's diagnosis (e.g. dermatologist, rheumatologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis

   AND
4. The patient does NOT have any FDA labeled contraindication(s) to the requested agent

   AND
5. ONE of the following:
   a. The quantity (dose) requested is within the program quantity limit
      OR
   b. The quantity (dose) requested is greater than the maximum dose recommended in FDA approved labeling, AND the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis which has been reviewed and approved by the Clinical Review pharmacist

Length of approval: 12 months

Renewal Evaluation

Otezla (apremilast) will be approved when the following are met:

1. The patient has been previously approved for the requested agent through Prime Therapeutics PA process

   AND
2. The patient has shown clinical improvement (i.e. slowing of disease progression or decrease in symptom severity and/or frequency)

   AND
3. ONE of the following:
   a. The patient is NOT currently being treated with a biologic immunomodulator agent
      OR
   b. The patient is currently being treated with another biologic immunomoduatlor agent and will be discontinued prior to starting the requested agent

   AND

4. The prescriber is a specialist in the area of the patient's diagnosis (e.g. dermatologist, rheumatologist) or has consulted with a specialist in the area of the patient's diagnosis
   AND
5. The patient does NOT have any FDA labeled contraindication(s) to the requested agent
   AND
6. ONE of the following:
   a. The quantity (dose) requested is within the program quantity limit
      OR
   b. The quantity (dose) requested is greater than the maximum dose recommended in FDA approved labeling, AND the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis which has been reviewed and approved by the Clinical Review pharmacist

Length of approval: 12 months

Brand (generic)	Quantity Limit
Otezla (apremilast)	
10 mg, 20 mg & 30 mg tablet starter pack (4 week)	1 starter kit 55 tablets/180 days
30mg tablets	60 tablets/30 days

Conventional Agent Prerequisites by Indication		
Indications	**Conventional Agent Prerequisites**	**Trial Length**
Psoriatic arthritis (PSA)	▪ hydroxychloroquine ▪ leflunomide ▪ methotrexate ▪ minocycline ▪ sulfasalazine	3 months
Psoriasis (PS)	▪ acitretin ▪ anthralin ▪ calcipotriene ▪ calcitriol ▪ coal tar products ▪ cyclosporine ▪ methotrexate ▪ methoxsalen ▪ pimecrolimus ▪ PUVA (phototherapy) ▪ tacrolimus ▪ tazarotene ▪ topical corticosteroids	3 months

Contraindicated as Concomitant Therapy	
▪ Actemra (tocilizumab) ▪ Arcalyst (rilonacept) ▪ Cimzia (certolizumab) ▪ Cosentyx (secukinumab) ▪ Enbrel (etanercept) ▪ Entyvio (vedolizumab) ▪ Humira (adalimumab) ▪ Inflectra (infliximab-dyyb) ▪ Kevzara (sarilumab) ▪ Kineret (anakinra) ▪ Olumiant (baricitinib) ▪ Orencia (abatacept)	▪ Remicade (infliximab) ▪ Renflexis (infliximab-abda) ▪ Rituxan (rituximab) ▪ Siliq (brodalumab) ▪ Simponi (golimumab) ▪ Simponi ARIA (golimumab) ▪ Stelara (ustekinumab) ▪ Taltz (ixekizumab) ▪ Tremfya (guselkumab) ▪ Tysabri (natalizumab) ▪ Xeljanz (tofacitinib) ▪ Xeljanz XR (tofacitinib extended release)

FDA Labeled Contraindications	
Agent	**Contraindications**
Otezla (apremilast)	Hypersensitivity to apremilast or any of the excipients

Examples of FDA Labeled Indications for other Biologics	
Indication	**Examples of Biolgics With Same FDA Indication**
Psoriasic Arthritis	Cimzia, Cosentyx, Enbrel, Humira, Inflectra, Orencia, Remicade, Renflexis, Simponi, Simponi ARIA, Stelara, Taltz
Psoriasis	Cimzia, Cosentyx, Enbrel, Humira, Inflectra, Remicade, Renflexis, Siliq, Stelara, Taltz, Tremfya

RATIONALE

Psoriasis (PS)

Psoriasis (PS) is a chronic inflammatory skin condition that is often associated with systemic manifestations, especially arthritis. Diagnosis is usually clinical, based on the presence of typical erythematous scaly patches, papules, and plaques that are often pruritic and sometimes painful. Approximately 90% of affected patients have plaque psoriasis, characterized by well defined round or oval plaques that differ in size and often coalesce. Plaque psoriasis lesions occur on inframmary, axillary, inguinal and intergluteal areas. Heat, trauma, and infection may contribute to its development. Psoriatic arthritis is a seronegative inflammatory arthritis with various clinical presentation including established inflammatory articular disease, active psoriasis, typical psoriatic nail dystrophy, and swelling of an entire digit.[2]

Treatment goals for psoriasis include improvement of skin, nail, and joint lesions plus enhanced quality of life. Patients can be grouped into mild to moderate (less than 5% of body surface area (BSA)) and moderate to severe (5% or more of BSA) disease categories. Limited or mild to moderate, skin disease can often be managed with intermittent topical agents such as topical corticosteroids, vitamin D analogs (calcipotriene and calcitriol), and calcineurin inhibitors (tacrolimus and pimecrolimus). Less commonly used topical therapies include non-medicated moisturizers, salicylic acid, coal tar, and anthralin. Systemic reviews have concluded that more

potent agents produce greater improvements in psoriasis symptoms. Vitamin D analogs are used as monotherapy or in combination with phototherapy for psoriasis in patients with 5 to 20% BSA involvement. These agents have a slower onset of action but a longer disease-free interval than topical corticosteroids.[2] Patient's with more severe psoriasis (more than 5% of BSA or involving hands, feet, face or genitals) are generally treated with phototherapy in combination with systemic therapies. Systemic therapies include methotrexate, cyclosporine, acitretin, apremilast, and biologic therapies.[2,3]

Primary treatment for scalp psoriasis is topical corticosteroids. Combining corticosteroid and a vitamin D analog may offer additional benefits. Other topical therapies used are tazarotene, coal tar shampoo, anthralin, and intralesional corticosteroid injections. Salicyclic acid can be helpful as adjunctive treatment because of its keratolytic effective. Phototherapy and systemic agents are additional options for patients who cannot achieve sufficient improvement with topical agents.[2]

Psoriatic Arthritis (PsA)

Treatment goals of psoriatic arthritis (PsA) aim to control inflammation and preventing discomfort, joint damage, and disability. Treatment involves the use of a variety of interventions, including many agents used for the treatment of other inflammatory arthritis, particularly spondyloarthritis and RA, and other management strategies of the cutaneous manifestations of psoriasis.[4]

Choice of therapy for peripheral arthritis is based upon the severity of disease and patient's response to treatment. For mild arthritis, NSAIDs are recommended. For moderate to severe arthritis or patients resistant to initial NSAIDs, DMARDs such as MTX or leflunomide are recommended. Alternative DMARDs include sulfasalazine, antimalarals, and azathioprine. Use of biologic DMARD can be employed for the treatment of other disease manifestations. Patients presenting with severe disease, such as many involved joints, erosive disease at presentation, and functional limitation, biologics are recommended as first line therapy. Patients typically require up to 3 months of therapy to achieve a maximal response.[4]

Choice of therapy for axial disease (involving the sacroiliac joints and spine) is based upon the severity of disease and the patient's reponse to treatment. Mild symptoms can be treated with NSAID, while moderate to severe arthritis or who are resistant to NSAIDs alone are usually treated with a biologic DMARD. Conventional DMARD, such as MTX, recommended and is the most commonly used first-line DMARD, prior to biologic therpay. Alternative conventional DMARDs, include leflunomide, sulfasalazine, azathioprine, antimalarals or cyclosporine, can be used in patients who are resitant to or intolerant to standard therapy. Oral glucocorticoids in PsA are generally avoided since their use is associated with an increased chance of developing erythroderma or pustular psoriasis.[4]

Safety[1]

Otezla is contraindicated in patients with a known hypersensitivity to apremilast or to any of the excipients in the formulation.

REVISIONS	
01-01-2017	Policy published 12-29-2016. Policy effective 01-01-2017.
10-01-2017	In Policy section: ▪ Removed "Biologic Agent" from the title of the "Biologic Agent Contraindicated as Concomitant Therapy" chart to read "Contraindicated as Concomitant Therapy" ▪ Added Kevzara (sarilumab), Renflexis (infliximab-abda), Siliq (brodalumab) and Tremfya (guselkumab) to the Contraindicated as Concomitant Therapy chart. ▪ Added an FDA Labeled Indications Included In This Program For Biologic Immunomodulators chart.
10-15-2017	In Policy section: ▪ In Item 1 a i and 1 a ii added "(starting on samples is not approvable)" to read, "i. There is documentation that the patient is currently being treated with the requested agent (starting on samples is not approvable)" ii. The prescriber states the patient is using the requested agent (starting on samples is not approvable) AND is at risk if therapy is changed" ▪ Added title of "Conventional Agent Prerequisites by Indication" to the Conventional Agent Prerequisites chart.
	References updated
01-26-2018	In Policy section: ▪ Updated FDA Labeled Indications Included In This Program For Biologic Immunomodulators chart adding new indication for Xeljanz XR.
09-01-2018	Description section updated to include replacing narrative with an FDA Approved Indications and Dosage chart
	In Policy section: Summary of revisions: • Condense program for FDA labeled indication instead of calling out separate indications • Revise tried and had an inadequate response language for prerequisites • Addition for time length for trial of prerequisites • Addition of option to discontinue biologic if currently being treated • Addition of specialist requirement <u>Initial Evaluation</u> ▪ In Item 1 removed "a diagnosis of" and added "an FDA labeled indication for the requested agent" to read "The patient has an FDA labeled indication for the requested agent AND ONE of the following:" ▪ In Item 1 a added "within the past 90 days" and removed" (staring on samples is not approvable)" to read "There is documentation that the patient is currently being treated with the requested agent within the past 90 days" ▪ In Item 1 b added "currently being treated with" and "within the past 90 days" and removed "(staring on samples is not approvable" to read "The prescriber states the patient is currently being treated with the requested agent within the past 90 days AND is at risk if therapy is changed" ▪ In Item 1 c added "previous" and "as the requested agent" to read "The patient's medication history indicates previous use of a biologic immunomodulator agent that is FDA labeled for the same indication as the requested agent" ▪ In Item 1 d added ";has tried and had an inadequate response to" and "for the minimal trial length" and removed "medication history indicates use of" and "prerequisite" to read "The patient has tried and had an inadequate response to ONE conventional agent for the minimal trial length" ▪ Removed "Active psoriatic arthritis ONE of the following: i. There is documentation that the patient is currently being treated with the requested agent OR

REVISIONS	
	ii. The prescriber states the patient is using the requested agent AND is at risk if therapy is changed OR iii. The patient's medication history indicates use of a biologic immunomodulator agent for the same FDA labeled indication OR iv. The patient's medication history indicates use of one conventional agent prerequisite OR v. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least ONE conventional agent OR Another FDA labeled indication" ▪ In Item 2 added "b. The patient is currently being treated with another biologic AND it will be discontinued prior to starting the requested agent" ▪ Added "3. The prescriber is a specialist in the area of the patient's diagnosis (e.g. dermatologist, rheumatologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis" ▪ In Item 5 a added "quantity (dose) requested" and "quantity" and removed "prescribed dosage" and "(FDA approved labeled dosage)" to read "The quantity (dose) requested is within the program quantity limit" <u>Renewal Evaluation</u> ▪ In Item 1 added "the requested agent" and removed "therapy" to read "The patient has been previously approved for the requested agent through Prime Therapeutics PA process" ▪ In Item 3 b added "The patient is currently being treated with another biologic immunomoduatlor agent and will be discontinued prior to starting the requested agent" ▪ Added "4. The prescriber is a specialist in the area of the patient's diagnosis (e.g. dermatologist, rheumatologist) or has consulted with a specialist in the area of the patient's diagnosis" ▪ In Item 6 a added "quantity (dose) requested" and "quantity" and removed "prescribed dosage" and "(FDA approved labeled dosage)" to read "The quantity (dose) requested is within the program quantity limit" ▪ Updated Quantity Limit chart to remove "10 mg, 20 mg & 30 mg tablet starter pack (two week)" ▪ Updated Conventional Agent Prerequisites by Indication chart and Contraindicated as Concomitant Therapy chart. ▪ Removed FDA Labeled Indications Included In This Program for Biologic Immunomodulators chart ▪ Added Examples of FDA labeled Indications for other Biologics chart
	Rationale section updated
	References updated

REFERENCES

1. Otezla Prescribing Information. Celgene Corporation. June 2017.
2. Weigle, Nancy, MD, et al. Psoriasis. American Academy of Family Physicians. May 2013. 87 (9): 626-633.
3. Feldman, Steven R, MD, PhD, et al. Treatment of Psoriasis in Adults. UpToDate. Last updated November 2017. Literature review through February 2018.
2. Gladman, Dafna D., MD, FRCPC, et al. Treatment of Psoriatic Arthritis. UpToDate. Last updated February 2018.