Mass General Brigham
Health Plan

Otezla (apremilast)
Otezla XR (apremilast extended-release)
Effective 08/16/2026

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Otezla (apremilast) and Otezla XR (apremilast extended-release) is an inhibitor of phosphodiesterase 4 (PDE4) indicated for the treatment of:

- Active psoriatic arthritis
- Plaque psoriasis
- Oral ulcers associated with Behcet's Disease

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all the following diagnosis-specific criteria have been met:

Plaque psoriasis

1. Diagnosis of plaque psoriasis
2. ONE of the following:
    a. Minimum duration of 4-week trial and failure, contraindication, or intolerance to ONE of the following topical therapies
        i. Corticosteroids (e.g., betamethasone, clobetasol)
        ii. Vitamin D analogs (e.g., calcitriol, calcipotriene)
        iii. Tazarotene
        iv. Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
        v. Anthralin
        vi. Coal tar
    b. Member has severe psoriasis that warrants a biologic DMARD or targeted synthetic therapy as first-line therapy.

Active psoriatic arthritis (PsA)

1. Diagnosis of active psoriatic arthritis
2. ONE of the following:
    a. Actively inflamed joints
    b. Dactylitis
    c. Enthesitis
    d. Axial disease
    e. Active skin and/or nail involvement

Oral ulcers associated with Behçet's Disease

1. Diagnosis of active oral ulcers associated with Bechet's Disease

Continuation of Therapy

Requests for reauthorization for all diagnoses will be approved when the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting improvement in the member's condition, as evidenced by low disease activity or improvement in signs and symptoms of the condition

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months
2. The following quantity limits apply:

Drug Name	Quantity Limit
Otezla tablet	2 tablets per day
Otezla XR tablet	1 tablet per day
Otezla starter pack	1 pack per 365 days
Otezla XR starter pack	1 pack per 365 days

References

1. Coates LC, Kavanaugh A, Mease PJ, et al. Group for research and assessment of psoriasis and psoriatic arthritis 2015 treatment recommendation for psoriatic arthritis. *Arthritis Rheumatol*. 2016 May;68(5):1060-71.
2. Hatemi G, Mahr A, Ishigatsubo Y, et al. Trial of Apremilast for Oral Ulcers in Behçet's Syndrome. N Engl J Med 2019; 381:1918
3. Leccese P, Ozguler Y, Christensen R, et al. Management of skin, mucosa and joint involvement of Behçet's syndrome: A systematic review for update of the EULAR recommendations for the management of Behçet's syndrome. Semin Arthritis Rheum 2019; 48:752
4. Loos AM, Liu S, Segel C, et al. Comparative effectiveness of targeted immunomodulators for the treatment of moderate-to-severe plaque psoriasis: A systematic review and network meta-analysis. J Am Acad Dermatol 2018; 79:135
5. Nash P, Ohson K, Walsh J, et al. Early and sustained efficacy with apremilast monotherapy in biological-naïve patients with psoriatic arthritis: a phase IIIB, randomised controlled trial (ACTIVE). Ann Rheum Dis 2018; 77:690
6. Otezla (apremilast)/Otezla XR (apremilast extended-release) [prescribing information]. Thousand Oaks, CA: Amgen Inc; December 2025.
7. Papp KA, Kaufmann R, Thaçi D, et al. Efficacy and safety of apremilast in subjects with moderate to severe plaque psoriasis: results from a phase II, multicenter, randomized, double-blind, placebo-controlled, parallel-group, dose-comparison study. J Eur Acad Dermatol Venereol 2013; 27: e376

8. Schafer P. Apremilast mechanism of action and application to psoriasis and psoriatic arthritis. *Biochem Pharmacol*. 2012;83(12):1583-1590.[PubMed 22257911]

Review History

Reviewed: 02/23/15; 02/22/16 P&T Mtg
Revised: 02/27/17 (adopted SGM & Step); 2/26/18 P&T Mtg; 02/20/19; 9/18/19 (Added oral ulcers associated with Behcet's Disease as an indication)
09/16/20 – Reviewed at P&T
05/19/2021 – Reviewed and Updated for May P&T; started and stabilized statement updated for all indications to say "Authorization may be granted for members new to The plan"; moderate to severe plaque psoriasis conventional therapy requirements was changed from AND to OR. Effective 08/01/2021.
01/19/2022 – Reviewed and Updated for Jan P&T; Plaque psoriasis indication was expanded from moderate to severe to all severities of plaque psoriasis. Updated BSA% from at least 5% to at least 3% to align with definition mild disease as FDA has expanded indication. References updated. Effective 03/01/2022.
09/21/2022 – Reviewed and Updated for Sept P&T; Removed TNF requirement for psoriatic arthritis. Effective 11/01/2022.
7/12/2023 – Reviewed and Updated for July P&T; Removed Appendix B (examples of TNF inhibitors indicated for PsA)
11/15/2023 – Reviewed and Updated for Nov P&T; Removed TB requirement. Removed Appendix. For Behcet's disease – removed requirement of oral colchicine or steroids. For Psoriatic arthritis – added examples of disease and removed conventional therapy.
3/13/2024 – Reviewed and Updated for March P&T; removed BSA requirement for plaque psoriasis. Effective: 4/1/2024
10/09/2024 – Reviewed and updated for October P&T. Updated reauthorization criteria to align with other immunomodulators. Effective 1/1/2025.
01/12/2026 – Reviewed and updated for January P&T. Added Otezla XR to the policy. Effective 02/01/2026.
03/11/2026 – Reviewed and updated for March P&T. Administrative update - changing verbiage in reauthorization criteria from "documentation is submitted" to "submission of medical records (e.g., chart notes…" and updating language for members who are new to the Plan. Effective 05/01/2026.
04/15/2026 - Updated previous trial language for plaque psoriasis, allowing for bypassing conventional therapy if member has severe psoriasis that warrants a biologic DMARD or targeted synthetic therapy as first-line therapy. Effective 08/16/2026.