



apremilast (Otezla[®]/Otezla XR[™])

Policy # 00436

Original Effective Date: 07/16/2014

Current Effective Date: 02/01/2026

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Psoriatic Arthritis

Based on review of available data, the Company may consider the use of apremilast (Otezla[®]/ Otezla XR[™])[‡] for the treatment of patients with active psoriatic arthritis to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for apremilast (Otezla/Otezla XR) will be considered when ALL of the following criteria are met:

Initial

- Patient has a diagnosis of active psoriatic arthritis; AND
- Patient meets ONE of the following:
 - If the request is for Otezla: Patient is 6 years of age or older AND weighs 20 kg or more; OR
 - If the request is for Otezla XR: Patient is 6 years of age or older and weighs 50 kg or more; AND
- Requested drug is NOT used in combination with other biologic disease-modifying anti-rheumatic drugs (DMARDs), such as adalimumab (Humira[®], biosimilars)[‡] or etanercept (Enbrel[®])[‡] OR other drugs such as tofacitinib (Xeljanz/XR[®])[‡]; AND
- Patient has failed treatment with one or more DMARDs unless there is clinical evidence or patient history that suggests the use of these products will be ineffective or cause an adverse reaction to the patient.

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

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Continuation

- Patient has received an initial authorization; AND
- Patient has experienced a beneficial clinical response from baseline (prior to therapy with Otezla/Otezla XR) as evidenced by improvement in clinical signs and symptoms such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

Plaque Psoriasis

Based on review of available data, the Company may consider the use of apremilast (Otezla/Otezla XR) for the treatment of patients with plaque psoriasis to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for apremilast (Otezla/Otezla XR) will be considered when ALL of the following criteria are met:

Initial

- Patient has a diagnosis of plaque psoriasis; AND
- Patient meets ONE of the following:
 - Patient is 18 years of age or older; OR
 - Patient is 6-17 years of age; AND
 - If the request is for Otezla: Patient weighs at least 20 kg; OR
 - If the request is for Otezla XR: Patient weighs at least 50 kg; AND
 - Patient's plaque psoriasis is classified as moderate to severe (i.e., sPGA score of ≥ 3 , BSA involvement of $\geq 10\%$, or PASI score of ≥ 12); AND
- Patient is a candidate for phototherapy or systemic therapy; AND
- Requested drug is NOT used in combination with other biologic disease-modifying anti-rheumatic drugs (DMARDs), such as adalimumab (Humira, biosimilars) or etanercept (Enbrel) OR other drugs such as tofacitinib (Xeljanz/XR); AND
- Patient has failed to respond to an adequate trial of one of the following treatment modalities unless there is clinical evidence or patient history that suggests these treatments will be ineffective or cause an adverse reaction to the patient:
 - Ultraviolet B; or
 - Psoralen positive Ultraviolet A; or
 - Systemic therapy (i.e. methotrexate, cyclosporine, acitretin).

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

Continuation

- Patient has received an initial authorization; AND

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- Patient has experienced a beneficial clinical response from baseline (prior to therapy with Otezla/Otezla XR) as evidenced by improvement in clinical signs and symptoms such as reduced estimated body surface area affected by psoriasis, decreased erythema, induration/thickness, or scaling, and/or improvement in symptoms such as pain, itching, or burning.

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

Oral Ulcers Associated with Behçet's Disease

Based on review of available data, the Company may consider the use of apremilast (Otezla/Otezla XR) for the treatment of patients with oral ulcers associated with Behçet's Disease to be **eligible for coverage**.**

Patient Selection Criteria

Coverage eligibility for apremilast (Otezla/Otezla XR) will be considered when ALL of the following criteria are met:

Initial

- Patient has oral ulcers associated with Behçet's Disease; AND
- Patient is 18 years of age or older; AND
- Patient has failed at least one other systemic therapy for the condition (e.g., colchicine, systemic corticosteroids, azathioprine, thalidomide, interferon alpha, etc.) unless there is clinical evidence or patient history that suggests these treatments will be ineffective or cause an adverse reaction to the patient.

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

Continuation

- Patient has received an initial authorization; AND
- Patient has experienced a beneficial clinical response from baseline (prior to therapy with Otezla/Otezla XR) as evidenced by improvement in clinical signs and symptoms.

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of apremilast (Otezla/Otezla XR) when any of the following criteria for the respective disease listed below (and denoted in the patient selection criteria above) are not met to be **not medically necessary****:

- For psoriatic arthritis:
 - Patient has failed treatment with one or more DMARDs
 - For continuation requests: Patient has experienced a beneficial clinical response from baseline (prior to therapy with Otezla/Otezla XR) as evidenced by improvement in clinical signs and/or symptoms such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths

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- For plaque psoriasis:
 - Patient has failed to respond to an adequate trial of one of the following treatment modalities:
 - Ultraviolet B; or
 - Psoralen positive Ultraviolet A; or
 - Systemic therapy (e.g. methotrexate, cyclosporine, acitretin)
 - For continuation requests: Patient has experienced a beneficial clinical response from baseline (prior to therapy with Otezla/Otezla XR) as evidenced by improvement in clinical signs and/or symptoms such as reduced estimated body surface area affected by psoriasis, decreased erythema, induration/thickness, or scaling, and/or improvement in symptoms such as pain, itching, or burning
- For oral ulcers associated with Behçet's Disease:
 - Patient has failed at least one other systemic therapy for the condition (e.g., colchicine, systemic corticosteroids, azathioprine, thalidomide, interferon alpha, etc.)
 - For continuation requests: Patient has experienced a beneficial clinical response from baseline (prior to therapy with Otezla/Otezla XR) as evidenced by improvement in clinical signs and/or symptoms

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of apremilast (Otezla/Otezla XR) when patient selection criteria are not met to be **investigational*** (with the exception of those denoted above as **not medically necessary****).

Based on review of available data, the Company considers the use of apremilast (Otezla/Otezla XR) for indications other than those listed above to be **investigational.***

Background/Overview

Otezla and Otezla XR are oral small molecule inhibitors of phosphodiesterase 4 (PDE4), indicated for the treatment of adult patients with active psoriatic arthritis, plaque psoriasis, and oral ulcers associated with Behçet's Disease, as well as pediatric patients aged 6 years and older weighing at least 20 kg (50 kg for Otezla XR) with active psoriatic arthritis and moderate to severe plaque psoriasis. The inhibition of PDE4 results in increased intracellular cAMP, though the exact mechanism by which Otezla works is not well defined. Otezla is available as immediate release tablets in 10 mg, 20 mg, and 30 mg strengths, with dosing titrated to 30 mg twice daily to reduce gastrointestinal symptoms. Patients with severe renal impairment should receive 30 mg once daily. Otezla XR is an extended-release formulation dosed at 75 mg once daily, taken orally with or without food, and tablets should be swallowed whole without crushing, splitting, or chewing. Otezla XR is not recommended for adult or pediatric patients with severe renal impairment. For pediatric patients

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weighing at least 50 kg, the recommended maintenance dose is Otezla 30 mg twice daily or Otezla XR 75 mg once daily; for those weighing 20 kg to less than 50 kg, the recommended dose is Otezla 20 mg twice daily. The titration schedule for immediate-release and pediatric dosing can be found in the prescribing information.

Psoriatic Arthritis

Psoriatic arthritis is an arthritis that is often associated with psoriasis of the skin. Typically, first line treatments such as DMARDs are used to treat this condition. It should be noted that in the 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis, Otezla was classified as an oral small molecule (similarly categorized with drugs such as methotrexate and sulfasalazine). It should also be noted that the recommendations given in the guidelines for treatment naïve patients with psoriatic arthritis were conditional and based on mostly low to very low levels of evidence. Given the conditional recommendations and the level of evidence, traditional DMARDs, such as methotrexate, will continue to be required prior to the use of Otezla in this condition.

Plaque Psoriasis

Psoriasis is a common skin condition that is caused by an increase in production of skin cells. It is characterized by frequent episodes of redness, itching and thick, dry silvery scales on the skin. It is most commonly seen on the trunk, elbows, knees, scalp, skin folds and fingernails. This condition can appear suddenly or gradually and may affect people of any age; it most commonly begins between the ages of 15 and 35. Psoriasis is not contagious. It is an inherited disorder related to an inflammatory response in which the immune system produces too much tumor necrosis factor (TNF) alpha. It may be severe in immunosuppressed people or those who have other autoimmune disorders such as rheumatoid arthritis. Typical treatments for severe cases of plaque psoriasis include ultraviolet therapy or systemic therapies such as methotrexate or cyclosporine. Newer biologic therapies are also approved for the treatment of plaque psoriasis.

Disease-Modifying Anti-Rheumatic Drugs

Disease-modifying anti-rheumatic drugs are used for the treatment of conditions such as psoriatic arthritis and plaque psoriasis. These drugs slow the disease process by modifying the immune system.

- methotrexate
- cyclosporine
- sulfasalazine
- mercaptopurine
- gold compounds

Behçet's Disease

Behçet's Disease is characterized by recurrent aphthae and several systemic manifestations. These systemic manifestations include genital aphthae, ocular disease, skin lesions, gastrointestinal involvement, neurologic disease, vascular disease, or arthritis. Most of these manifestations are believed to be due to vasculitis. The most common clinical feature is the presence of recurrent mucocutaneous ulcers, particularly oral ulcers. These ulcers can be painful and can often times limit

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eating. In particular, it should be noted that Otezla is specifically approved the treatment of oral ulcers associated with Behçet's Disease. Current treatment options for oral ulcers associated with Behçet's Disease are colchicine, systemic corticosteroids, azathioprine, thalidomide, interferon alpha. If the patient doesn't have an adequate response, then treatment should be escalated to include Otezla.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Otezla was approved in March of 2014 by the FDA for the treatment of adult patients with active psoriatic arthritis. In September of 2014, Otezla gained approval for the treatment of moderate to severe plaque psoriasis in patients that are candidates for phototherapy or systemic therapy. In July of 2019, Otezla was approved for the treatment of adult patients with oral ulcers associated with Behçet's Disease. In April of 2020, the package insert was updated to specify that Otezla is approved for adults with plaque psoriasis vs. prior when no age was listed. In late 2021, the package insert was updated to delete "moderate to severe" from the plaque psoriasis indication. In April of 2024, Otezla expanded its plaque psoriasis indication to include pediatric patients 6 years of age and older with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy. In July of 2025, Otezla's psoriatic arthritis indication was expanded to include pediatric patients 6 years of age and older weighing at least 20 kg. In August of 2025, Otezla XR was approved for the treatment of adult patients with psoriatic arthritis, plaque psoriasis, and oral ulcers associated with Behçet's Disease, and for the treatment of pediatric patients 6 years of age and older weighing at least 50 kg with psoriatic arthritis and moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

Psoriatic Arthritis

The safety and efficacy of Otezla in patients with psoriatic arthritis was evaluated in 3 multi-center, randomized, double-blind, placebo-controlled trials (PsA-1, PsA-2, and PsA-3) of similar design. A total of 1,493 adult patients with active psoriatic arthritis despite prior or current treatment with disease modifying anti-rheumatic drug (DMARD) therapy were randomized. The primary endpoint was the percentage of patients achieving American College of Rheumatology (ACR) 20 responses at week 16. The proportion of patients achieving ACR 20 at week 16 in the placebo group in the three psoriatic arthritis trials was: 19%, 19%, and 18%, respectively. The proportion of patients achieving ACR 20 in the Otezla treatment group in the three psoriatic arthritis trials was 38%, 32%, and 41%, respectively (all of which reached statistical significance $p < 0.05$).

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Adult Moderate to Severe Plaque Psoriasis

The safety and efficacy of Otezla for moderate to severe plaque psoriasis was studied in two multicenter, randomized, double-blind, placebo-controlled trials (Studies PSOR-1 and PSOR-2) and enrolled a total of 1,257 subjects 18 years of age and older with moderate to severe plaque psoriasis. In both studies, subjects were randomized 2:1 to Otezla 30 mg twice daily or placebo for 16 weeks. Both studies assessed the proportion of subjects who achieved Psoriasis Area Severity Index-75 (PASI-75) at week 16 and the proportion of subjects who achieved a Physician Global Assessment (PGA) score of clear (0) or almost clear (1) at week 16. Across both studies, subjects ranged in age from 18 to 83 years, with an overall median age of 46 years. The mean baseline body surface area (BSA) involvement was 25.19% (median 21.0%), the mean baseline PASI score was 19.07 (median 16.80), and the proportion of subjects with a PGA score of 3 (moderate) and 4 (severe) at baseline were 70.0% and 29.8%, respectively. Approximately 30% of all subjects had received prior phototherapy and 54% had received prior conventional systemic and/or biologic therapy for the treatment of psoriasis with 37% receiving prior conventional systemic therapy and 30% receiving prior biologic therapy. Approximately one-third of subjects had not received prior phototherapy, conventional systemic nor biologic therapy. A total of 18% of subjects had a history of psoriatic arthritis. In PSOR-1, 5.3% of subjects in the placebo group achieved PASI-75 vs. 33.1% in the Otezla group. In the placebo group, there were 3.9% of patients that achieved a PGA of clear or almost clear vs. 21.7% in the Otezla group. In PSOR-2, 5.8% of subjects in the placebo group achieved PASI-75 vs. 28.8% in the Otezla group. In the placebo group, there were 4.4% of patients that achieved a PGA of clear or almost clear vs. 20.4% in the Otezla group.

Pediatric Moderate to Severe Plaque Psoriasis

The safety and efficacy of Otezla for moderate to severe plaque psoriasis in pediatric patients was studied in a multicenter, randomized, double-blind, placebo-controlled trial (PSOR-6) in 245 pediatric subjects 6 to 17 years of age (inclusive) with moderate to severe plaque psoriasis who were candidates for phototherapy or systemic therapy. Subjects had an sPGA score of ≥ 3 (moderate or severe disease), BSA involvement of $\geq 10\%$, and PASI score of ≥ 12 , with psoriasis that was inadequately controlled by or inappropriate for topical therapy. Subjects were allowed to use low potency or weak topical corticosteroids on the face, axilla, and groin and unmedicated skin moisturizers for body lesions only.

Subjects were randomized 2:1 to receive either Otezla or placebo for 16 weeks. Subjects with a baseline weight of 20 kg to < 50 kg received Otezla 20 mg twice daily or placebo twice daily, and subjects with a baseline weight ≥ 50 kg received Otezla 30 mg twice daily or placebo twice daily. At week 16, the placebo group was switched to receive Otezla (with dosage based on baseline weight) and the Otezla group remained on drug (according to their original dosing assignment) through week 52. The mean baseline BSA involvement was 31.5% (median 26.0%), the mean baseline PASI score was 19.8 (median 17.2), and the proportions of subjects with an sPGA score of 3 (moderate) and 4 (severe) at baseline were 75.5% and 24.5%, respectively. Of the enrolled subjects, 82.9% did not receive prior conventional systemic therapy and 94.3% were biologic-naïve. The primary endpoint was the proportion of subjects who achieved an sPGA response (defined as a score of clear [0] or almost clear [1] with at least a 2-point reduction from baseline) at week 16. The key secondary endpoint was the proportion of subjects who achieved a PASI-75 response (at least a

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75% reduction in PASI score from baseline) at week 16. In PSOR-6, 10.82% of patients in the placebo group achieved an sPGA response compared to 33.1% in the Otezla group. The proportion of patients to achieve as PASI-75 response was 16.0% in the placebo group compared to 45.7% in the Otezla group.

Scalp Plaque Psoriasis

A randomized, double-blind, placebo-controlled trial (PSOR-3) was conducted in 303 adult subjects with moderate to severe plaque psoriasis of the scalp. Enrolled subjects had a Scalp Physician Global Assessment (ScPGA) score of ≥ 3 , Scalp Surface Area (SSA) involvement of $\geq 20\%$, an inadequate response or intolerance to at least one topical therapy for plaque psoriasis of the scalp, and moderate to severe plaque psoriasis (BSA involvement of $\geq 10\%$, sPGA of ≥ 3 [moderate or severe disease], and PASI score ≥ 12). Subjects were randomized 2:1 to receive either Otezla 30 mg twice daily (n = 201) or placebo twice daily (n = 102) for 16 weeks. The primary endpoint was the proportion of subjects who achieved an ScPGA response at week 16 (defined as ScPGA score of clear [0] or almost clear [1] with at least a 2-point reduction from baseline at week 16). Secondary endpoints included the proportion of subjects with Whole Body Itch Numeric Rating Scale (NRS) response (defined as ≥ 4 -point reduction from baseline) and the proportion of subjects with a Scalp Itch NRS response (defined as ≥ 4 -point reduction from baseline). The mean baseline SSA involvement was 60.6% and the mean baseline BSA involvement was 19.8%. The proportion of subjects who achieved an ScPGA response was 13.7% in the placebo group and 43.3% in the Otezla group.

Plaque Psoriasis Involving the Genital Area

A randomized, double-blind, placebo-controlled trial (PSOR-5) was conducted in 289 adult subjects with moderate to severe plaque psoriasis of the genital area. Subjects had a modified static Physician Global Assessment of Genitalia (sPGA-G) score of ≥ 3 (moderate or severe), sPGA score of ≥ 3 (moderate or severe) and had an inadequate response or were intolerant to topical therapy for the treatment of plaque psoriasis of the genital area.

Subjects were randomized 1:1 to receive either Otezla 30 mg twice daily (n = 143) or placebo twice daily (n = 146) for 16 weeks. At week 16, the placebo group was switched to receive Otezla and the Otezla group remained on drug through week 32. The primary endpoint was the proportion of subjects who achieved a modified sPGA-G response (defined as a score of clear [0] or almost clear [1] with at least a 2-point reduction from baseline) at week 16. Secondary endpoints included the proportion of subjects who achieved an sPGA response (defined as a score of clear [0] or almost clear [1] with at least a 2-point reduction from baseline) at week 16 and the proportion of subjects who achieved at least a 4-point improvement in the 11-point Genital Psoriasis Itch Numeric Rating Scale (GPI-NRS) item score within the Genital Psoriasis Symptoms Scale (GPSS) at week 16, among subjects with a baseline GPI-NRS score of ≥ 4 .

Subjects ranged in age from 18-81 years, with a median age of 44 years. The proportions of subjects with a modified sPGA-G score of 3 (moderate) and 4 (severe) at baseline were 86.9% and 13.1%, respectively. The proportions of subjects with a sPGA score of 3 (moderate) and 4 (severe) at

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baseline were 88.6% and 11.1%, respectively. Baseline BSA involvement was < 10% for 57.4% of the subjects and $\geq 10\%$ for 42.6% of the subjects. The mean baseline GPI-NRS score was 6.5. Of the enrolled subjects, 78.9% did not receive prior conventional systemic therapy and 84.4% were biologic-naïve.

The proportion of subjects who achieved a modified sPGA response was 19.5% in the placebo group and 39.6% in the Otezla group. The proportion of subjects who achieved an sPGA response was 6.9% in the placebo group and 22.2% in the Otezla group. The proportion of subjects who achieved at least a 4-point improvement in the GPI-NRS who at baseline had a GPI-NRS score of ≥ 4 was 19.6% in the placebo group and 47.3% in the Otezla group.

Mild to Moderate Plaque Psoriasis

A multicenter, randomized, double-blind, placebo-controlled trial (PSOR-4) was conducted in 595 adult subjects with mild to moderate plaque psoriasis (BSA involvement of 2-15%, sPGA score of 2-3 [mild or moderate disease], and PASI score of 2-15). Enrolled subjects had an inadequate response or were intolerant to at least one topical therapy and had not received prior biologic therapy. Subjects were allowed to use unmedicated emollients for lesions on non-scalp areas of the body and non-medicated shampoos for lesions on the scalp. Subjects were randomized 1:1 to receive either Otezla 30 mg twice daily (n = 297) or placebo twice daily (n = 298) for 16 weeks. At week 16, the placebo group was switched to receive Otezla and the Otezla group remained on drug through week 32. The primary endpoint was the proportion of subjects who achieved an sPGA response (defined as an sPGA score of clear [0] or almost clear [1] with at least a 2-point reduction from baseline) at week 16. Subjects with mild disease (sPGA = 2 at baseline) were required to be clear (sPGA = 0) to achieve an sPGA response. Other evaluated endpoints include the proportion of subjects with a Whole Body Itch NRS response (defined as a ≥ 4 -point reduction from baseline) at Week 16 among subjects with a baseline Whole Body Itch NRS ≥ 4 and the proportion of subjects with an ScPGA response (defined as an ScPGA score of clear [0] or almost clear [1] with at least a 2-point reduction from baseline) at week 16 among subjects with a baseline ScPGA score ≥ 2 . The proportion of subjects who achieved an sPGA response was 4.1% in the placebo group and 21.6% in the Otezla group.

Oral Ulcers Associated with Behçet's Disease

The safety and efficacy of Otezla for the treatment of adult patients with oral ulcers associated with Behçet's Disease was evaluated in a multicenter, randomized, placebo-controlled trial (BCT-002) that enrolled a total of 207 adult patients. Patients were previously treated with at least one nonbiologic Behçet's Disease medication and were candidates for systemic therapy. Patients met the International Study Group (ISG) Criteria for Behçet's Disease. Patients had at least 2 oral ulcers at screening and at least 2 oral ulcers at randomization and without currently active major organ involvement. Concomitant treatment for Behçet's Disease was not allowed. Patients were randomized 1:1 to receive either Otezla 30 mg twice daily (n=104) or placebo (n=103) for 12 weeks. After week 12, all patients received Otezla 30 mg twice daily. Efficacy was assessed based on the number and pain of oral ulcers. The level of pain was measured by the VAS (visual analog scale), which ranges from 0 (no pain)-100 (worst possible pain). At 12 weeks, the Otezla group experienced

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a 42.7 point reduction in pain vs. the placebo group, which experienced an 18.7 point reduction in pain. At week 12, 52.9% of the Otezla patients achieved a complete response (ulcer free) vs. 22.3% of patients in the placebo group.

References

1. Otezla [package insert]. Amgen. Thousand Oaks, California. Updated August 2025.
2. Treatment of Behçet Syndrome. UpToDate. Accessed October 2019.
3. Sing JA, Guyatt G, Ogdie, A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. Arthritis and Rheumatology. 71:1, p. 5-32. DOI 10.1002/art.40726

Policy History

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07/10/2014	Medical Policy Committee review
07/16/2014	Medical Policy Implementation Committee approval. New policy.
11/06/2014	Medical Policy Committee review
11/21/2014	Medical Policy Implementation Committee approval. Added a new indication for plaque psoriasis and made updates throughout to reflect the new indication (background, rationale, etc).
10/29/2015	Medical Policy Committee review
11/16/2015	Medical Policy Implementation Committee approval. No change to coverage eligibility.
11/03/2016	Medical Policy Committee review
11/16/2016	Medical Policy Implementation Committee approval. No change to coverage eligibility.
12/07/2017	Medical Policy Committee review
12/20/2017	Medical Policy Implementation Committee approval. Removed requirement for Humira and Enbrel prior to Otezla for plaque psoriasis. Changed to fail one of the following for psoriatic arthritis: Humira, Enbrel, Stelara, or Cosentyx.
12/06/2018	Medical Policy Committee review
12/19/2018	Medical Policy Implementation Committee approval. Added Xeljanz/XR as an option for use in psoriatic arthritis
11/07/2019	Medical Policy Committee review
11/13/2019	Medical Policy Implementation Committee approval. Updated to include the most recent FDA approval for oral ulcers associated with Behçet's Disease.
06/04/2020	Medical Policy Committee review
06/10/2020	Medical Policy Implementation Committee approval. Removed the requirement for a trial and failure of a preferred biologic before Otezla in psoriatic arthritis. Updated the age for use in plaque psoriasis to 18 years and older to correspond with the FDA package insert update. Updated Background information.
06/03/2021	Medical Policy Committee review
06/09/2021	Medical Policy Implementation Committee approval. No change to coverage.

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08/04/2022	Medical Policy Committee review
08/10/2022	Medical Policy Implementation Committee approval. Removed “moderate to severe” from the plaque psoriasis indication.
08/03/2023	Medical Policy Committee review
08/09/2023	Medical Policy Implementation Committee approval. No change to coverage.
11/02/2023	Medical Policy Committee review
11/08/2023	Medical Policy Implementation Committee approval. Updated criteria for plaque psoriasis to remove the BSA requirement. Added study information for plaque psoriasis involving the genital area.
09/05/2024	Medical Policy Committee review
09/11/2024	Medical Policy Implementation Committee approval. Updated plaque psoriasis criteria to reflect new FDA approved indication, moderate to severe plaque psoriasis in pediatric patients 6 years of age or older. Updated relevant sections.
09/04/2025	Medical Policy Committee review
09/10/2025	Medical Policy Implementation Committee approval. Updated the psoriatic arthritis indication to require patients to be at least 6 years of age or older and to weigh at least 20 kg to align with FDA label update. Added continuation criteria to each indication.
01/05/2026	Medical Policy Committee review
01/07/2026	Medical Policy Implementation Committee approval. Added extended release formulation of Otezla, Otezla XR, to the policy with criteria. Title changed from “apremilast (Otezla)” to “apremilast (Otezla/Otezla XR)”. Updated other relevant sections.

Next Scheduled Review Date: 01/2027

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

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****Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan’s authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan’s pharmacy benefit.