



Drug Coverage Policy

Effective Date09/15/2026

Coverage Policy Number..... DQM036

Policy Title.....Otezla/Otezla XR Drug

Quantity Management Policy – Per Days

Inflammatory Conditions – Otezla/Otezla XR Drug Quantity Management Policy – Per Days

- Otezla® (apremilast tablets – Amgen)
- Otezla XR™ (apremilast extended-release tablets – Amgen)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used

as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Otezla, an oral phosphodiesterase 4 (PDE4) inhibitor, is indicated for the following uses:¹

- **Behcet's disease**, in adults with oral ulcers.
- **Plaque psoriasis**, in adults who are candidates for phototherapy or systemic therapy.
- **Plaque psoriasis**, in pediatric patients ≥ 6 years of age and ≥ 20 kg with moderate to severe disease who are candidates for phototherapy or systemic therapy.
- **Psoriatic arthritis** in adults with active disease.
- **Psoriatic arthritis**, in pediatric patients ≥ 6 years of age and ≥ 20 kg with active disease.

Otezla XR is indicated for the following uses:¹

- **Behcet's disease**, in adults with oral ulcers.
- **Plaque psoriasis**, in adults who are candidates for phototherapy or systemic therapy.
- **Plaque psoriasis**, in pediatric patients ≥ 6 years of age and weighing ≥ 50 kg with moderate to severe disease who are candidates for phototherapy or systemic therapy.
- **Psoriatic arthritis**, in adults with active disease.
- **Psoriatic arthritis**, in pediatric patients ≥ 6 years of age and weighing ≥ 50 kg with active disease.

Dosing

Otezla/Otezla XR is administered orally without regard to meals. It requires a titration period to reduce gastrointestinal adverse events.¹

Adults with Behcet's Disease, Plaque Psoriasis, or Psoriatic Arthritis

The 5-day recommended titration schedule is in Table 1 below.¹ Following the 5-day titration, the recommended maintenance dose in adults is Otezla 30 mg twice daily (BID) or Otezla XR 75mg once daily starting on Day 6. The dosage of Otezla should be reduced to 30 mg once daily (QD) in patients with severe renal impairment (creatinine clearance CrCl < 30 mL per minute estimated by the Cockcroft–Gault equation). For initial dosage titration in this population, it is recommended that Otezla be titrated using only the morning schedule listed in the table below and the evening doses should be skipped.

Table 1. Otezla/Otezla XR Titration Schedule for Adult Patients.¹

Otezla Dosage Titration ^a									Otezla/Otezla XR Maintenance Dosage
Day 1	Day 2		Day 3		Day 4		Day 5		Day 6 & Thereafter
AM	AM	PM	AM	PM	AM	PM	AM	PM	AM PM
10 mg	10 mg	10 mg	10 mg	20 mg	20 mg	20 mg	20 mg	30 mg	Otezla 30 mg twice daily OR Otezla XR 75mg once daily

AM – Morning; PM – Evening.

^aOtezla tablets should be used for the initial titration regardless of whether OTEZLA or OTEZLA XR will be used for the maintenance dosage.

Pediatric Patients with Plaque Psoriasis or Psoriatic Arthritis

The recommended dose of Otezla in pediatric patients is based on body weight.¹ The initial titration schedule is in Table 2 below. Following the 5-day titration, the recommended maintenance dose is Otezla 30 mg BID or Otezla XR 75mg QD in pediatric patients weighing ≥ 50 kg and 20 mg BID in pediatric patients weighing 20 kg to < 50 kg. In patients with severe renal impairment ($\text{CrCl} < 30$ mL per minute), the recommended dose of Otezla is 30 mg QD if the patient weighs ≥ 50 kg or 20 mg QD if the patient weighs 20 kg to < 50 kg. For initial dosage titration in this population, it is recommended that Otezla be titrated using only the morning schedule listed in the table below and the evening doses should be skipped.

Table 2. Otezla/Otezla XR Titration Schedule for Pediatric Patients 6 Years of Age and Older and Weighing at Least 20 kg with Psoriatic Arthritis or Moderate to Severe Plaque Psoriasis.¹

	Otezla Dosage Titration ^a									Otezla/Otezla XR Maintenance Dosage
Body Weight	Day 1	Day 2		Day 3		Day 4		Day 5		Day 6 & Thereafter
	AM	AM	PM	AM	PM	AM	PM	AM	PM	
≥ 50 kg	10 mg	10 mg	10 mg	10 mg	20 mg	20mg	20 mg	20 mg	30 mg	Otezla 30 mg twice daily OR Otezla XR 75 mg once daily
20 kg to < 50 kg	10 mg	10 mg	10 mg	10 mg	20 mg	20 mg	20 mg	20 mg	20 mg	Otezla 20 mg Twice dialy

AM – Morning; PM – Evening.

^aOtezla tablets should be used for the initial titration regardless of whether Otezla or Otezla XR will be used for the maintenance dosage.

Availability

Otezla is available as:

- 20 mg tablets supplied in bottles of 60 tablets each
- 30 mg tablets supplied in bottles of 60 tablets each
- 28-day Starter Pack (20 mg BID dose) containing: 4 x 10 mg tablets and 51 x 20 mg tablets
- 14-day Starter Pack containing: 4 x 10 mg tablets, 4 x 20 mg tablets, and 5 x 30 mg tablets with an additional 14 x 30 mg tablets (discontinued April 2023)
- 28-day Starter Pack (30 mg BID dose) containing: 4 x 10 mg tablets, 4 x 20 mg tablets, and 47 x 30 mg tablets.
- 28-day Starter Pack (Otezla/Otezla XR titration dosing) containing: Otezla 4 x 10 mg tablets, 4 x 20 mg tablets, and 19 x 30 mg tablets, with an additional 14 x Otezla XR 75 mg tablets.

Otezla XR is available as:

- 75 mg tablets supplied in bottles of 30 tablets each

Coverage Policy

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Otezla. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the

duration noted below. "One-time" approvals are provided for 30 days in duration. Meeting Drug Quantity Management Program Criteria does not satisfy any other prior authorization or medical necessity criteria requirements.

Drug Quantity Limits

Product	Strength and Form	Retail	Home Delivery
		Maximum Quantity	Maximum Quantity
Otezla® (apremilast tablets)	20 mg tablets	60 tablets per 30 days	180 tablets per 90 days
	30 mg tablets	60 tablets per 30 days	180 tablets per 90 days
	14-day Starter Pack (4 x 10 mg, 4 x 20 mg, and 5 x 30 mg tablets, with an additional 14 x 30 mg tablets) [discontinued]	27 tablets per 365 days	
	28-day Starter Pack (20 mg BID dose) (4 x 10 mg and 51 x 20 mg tablets)	55 tablets per 365 days	
	28-day Starter Pack (30 mg BID dose) (4 x 10 mg, 4 x 20 mg, and 47 x 30 mg tablets)	55 tablets per 365 days	
	28-day Starter Pack (Otezla + Otezla XR) (Otezla 4 x 10 mg, 4 x 20 mg, and 19 x 30 mg tablets, with an additional 14 x Otezla XR 75 mg tablets)	41 tablets per 365 days	
Otezla XR™ (apremilast extended-release tablets)	75mg tablets (bottles of 30 tablets)	30 tablets per 30 days	90 tablets per 90 days

BID – Twice daily.

CRITERIA

Otezla 20 mg tablets

No overrides.

Otezla 30 mg tablets

No overrides.

Otezla Starter Pack (14-day) [discontinued]

1. If the patient requires additional induction dosing, as verified by the absence of claims for Otezla in the past 130 days, approve a one-time override for 27 tablets (one 14-day Starter Pack) at retail or home delivery.

Otezla Starter Pack (28-day [20 mg BID dose])

1. If the patient requires additional induction dosing, as verified by the absence of claims for Otezla in the past 130 days, approve a one-time override for 55 tablets (one 28-day Starter Pack) at retail or home delivery.

Otezla Starter Pack (28-day [30 mg BID dose])

1. If the patient requires additional induction dosing, as verified by the absence of claims for Otezla in the past 130 days, approve a one-time override for 55 tablets (one 28-day Starter Pack) at retail or home delivery.

Otezla Starter Pack (28-day [Otezla + Otezla XR titration dosing])

1. If the patient requires additional induction dosing, as verified by the absence of claims for Otezla in the past 130 days, approve a one-time override for 41 tablets (one 28-day Starter Pack) at retail or home delivery.

Otezla XR 75 mg tablets

No overrides.

References

1. Otezla® tablets [prescribing information]. Thousand Oaks, CA: Amgen; July 2025.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	07/23/2026	09/15/2026

The policy effective date is in force until updated or retired.

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