



## Otezla® (apremilast) Telemedicine Prescribing Guide

If you have incorporated telemedicine services into your practice or are considering it, we want to provide you with a few quick steps to help outline the easy process for new and existing patients.

**Otezla can be easily prescribed via telemedicine for new and existing patients.**

### Starting New Patients

- Complete and fax/e-fax the Otezla START Form to Otezla SupportPlus™ (OSP) - **Fax:** 1-855-850-2955
- The START Form is available to download and print on [OtezlaPro.com/resources](https://OtezlaPro.com/resources)
- Only through OSP, commercially insured patients can receive a free 4-week Starter Pack and Bridge supply. The Otezla Bridge supply can provide continuity of care if there are any delays or coverage denials\*
- Your patients' free 4-week Starter Pack will be shipped approximately 2-3 days after the completed START Form is received
- Prescriptions can still be submitted to a specialty pharmacy, but patients will not receive the free 4-week Starter Pack or Bridge Program supply

### Existing Patients

- There is no need to change your existing patients' current prescription refill process

**\$0** co-pay  
for  
eligible  
patients†

Otezla patients can enroll in the \$0 Co-pay program at [Otezla.com/copay](https://Otezla.com/copay) or by calling OSP at **1-844-4OTEZLA** (1-844-468-3952)

\*To receive a free Bridge supply of Otezla, commercially insured patients must have an on-label diagnosis and be denied or waiting for coverage. If an in-office Starter Pack (Titration) is not available, please check both the 4-week Starter Pack and Bridge Rx boxes.

†Certain restrictions apply; eligibility not based on income, must be 18 years or older. This offer is not valid for persons eligible for reimbursement of this product, in whole or in part under Medicaid, Medicare, or similar state or federal programs. Offer not valid for cash-paying patients. People who are not eligible can call **1-844-4OTEZLA** to discuss other financial assistance opportunities.

**Please refer to the Otezla START Form Guide on pages 2-4 for helpful tips to prevent delays in the prescription-ordering process for your patients.**

**Please see Important Safety Information on last page and Full Prescribing Information [here](#).**



# Completing the Otezla START Form for Telemedicine Patients

To help prevent delays in the prescription process of your patients on Otezla® (apremilast), be sure to fill out the **Otezla START Form** accurately and completely. This guide will help.



## FOUR CHECKS FOR SUCCESS

- 1 Refer to the guide provided**  
We've included detailed tips to help you complete the telemedicine form correctly.
- 2 Double-check for common errors**  
We've highlighted the fields that are most commonly overlooked. These errors lead to delays in processing. Double-checking may help your patients get their treatment as prescribed and reduce the burden on your office staff.
- 3 Make sure you send everything**  
Here's a complete list of what to fax to OSP:
  - Completed and **signed** Otezla START Form to Otezla SupportPlus™ **(Patient signature is not required during a telemedicine visit.)**
  - Copy of **both** sides of patient's insurance and pharmacy benefit card(s)
  - Any clinical notes helpful in establishing diagnosis. **Or**, if the patient has been taking Otezla, include updated clinical notes about their progress
- 4 Remind your patients they should expect a call**  
Make sure your patients know that Otezla SupportPlus™ or their specialty pharmacy will call to confirm their contact and insurance information—and that call may come from an unfamiliar number. They need to answer to avoid delays in processing.

Please see Important Safety Information on last page and Full Prescribing Information [here](#).



# Guide to the Otezla START Form for Telemedicine Patients

Here are some tips for filling out an Otezla® (apremilast) START Form for Telemedicine Patients. Filling out the START Form accurately and completely will help avoid delays in processing. Highlighted areas note fields that are commonly overlooked.

**START Form**

**Step 1.** Please complete **all** fields on this form (to prevent delays in processing).

**Step 2.** Fax this form and copies of both sides of insurance and pharmacy benefit cards to the specialty pharmacy (SP) of your choice or to Otezla SupportPlus™.

FAX # \_\_\_\_\_ **Preferred SP NAME** \_\_\_\_\_

For assistance or more information, please visit [otezlapro.com](http://otezlapro.com) or call 1-844-4OTEZLA (1-844-468-3952).

**Section 1: Patient Information**

Name (First, MI, Last) \_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  OK to leave message

Email address \_\_\_\_\_ Preferred number:  Home  Mobile Preferred time:  Morning  Afternoon  Evening

**Section 2: Insurance Information**

Insurance card attached  Pharmacy benefit card attached  Patient has no insurance  Patient has secondary insurance

Primary insurance name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Insurance phone \_\_\_\_\_

Policyholder name (First, MI, Last) \_\_\_\_\_ Pharmacy Benefit Manager (PBM) \_\_\_\_\_ PBM phone \_\_\_\_\_

Rx Member ID \_\_\_\_\_ Rx PCN (if applicable) \_\_\_\_\_ Rx Group ID \_\_\_\_\_ Rx BIN (if applicable) \_\_\_\_\_

If eligible, I would like to enroll in the Otezla Co-pay program.

I understand that co-pay assistance is only available for commercially insured patients and does not apply if I have prescription drug coverage through a federal, state, VA or similar program.

**I have read and agreed to the attached HIPAA Authorization to Share Health Information accompanying this form.**

Patient/patient representative signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

(If signed by patient representative, please explain authority to act on behalf of the patient)

**Section 3: Clinical Information (TO BE COMPLETED BY HEALTHCARE PROVIDER)**

**PRIMARY DIAGNOSIS/ ICD-10-CM Code:**

<input type="checkbox"/> L40.50 (Arthropathic psoriasis, unspecified)	<input type="checkbox"/> L40.0 (Psoriasis vulgaris) %BSA Affected _____
<input type="checkbox"/> L40.51 (Distal interphalangeal psoriatic arthropathy)	<input type="checkbox"/> L40.8 (Other psoriasis) %BSA Affected _____
<input type="checkbox"/> L40.52 (Psoriatic arthritis mutilans)	<input type="checkbox"/> L40.9 (Psoriasis, unspecified) %BSA Affected _____
<input type="checkbox"/> L40.53 (Psoriatic spondylitis)	<input type="checkbox"/> M35.2 (Behçet's Disease)
<input type="checkbox"/> L40.59 (Other psoriatic arthropathy)	

**AFFECTED AREA(S) (For PsO ONLY):**  Hands  Arms  Nails  Trunk  Feet  Legs  Scalp  Groin  Other \_\_\_\_\_

**PREVIOUS/CURRENT TREATMENT:**

Medication	Duration/Reason for D/C	Medication	Duration/Reason for D/C
<input type="checkbox"/> Methotrexate	_____	<input type="checkbox"/> Biologics	_____
<input type="checkbox"/> Cyclosporine	_____	<input type="checkbox"/> Topicals	_____
<input type="checkbox"/> Sulfasalazine	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Acitretin	_____		
<input type="checkbox"/> PUVA or UV	_____		
<input type="checkbox"/> Colchicine	_____		

ADDITIONAL MEDICAL JUSTIFICATION \_\_\_\_\_

**Section 4: Prescription for OTEZLA® (apremilast) FOR ORAL USE (TO BE COMPLETED BY HEALTHCARE PROVIDER)**

**1 STEP 1: SELECT TITRATION**

**Starter Pack (Titration) Rx for Otezla**

4-WEEK STARTER PACK\*  
x28 days, 55 tablets, 0 refills

PRESCRIBER PROVIDED PATIENT WITH 2-WEEK STARTER PACK SAMPLE  
x14 days, 27 tablets, 0 refills  
Date provided \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional information \_\_\_\_\_

\*Titration Starter Pack Rx is only for patients who did not receive a titration sample during their office visit. The specialty pharmacy will notify the patient via telephone prior to each shipment.

**2 STEP 2: SELECT MAINTENANCE DOSE**

**Maintenance Rx—30 mg of Otezla**

x30 days  x90 days

TWICE DAILY

ONCE DAILY renal dose 30 mg  
(For patients with severe renal impairment)

Refills:  11  Other amount (enter #) \_\_\_\_\_

Special instructions \_\_\_\_\_

**3 STEP 3: SELECT BRIDGE (IF APPLICABLE)**

**Bridge Rx—30 mg of Otezla**

TWICE DAILY  
x14 days, 28 tablets, 12 refills

ONCE DAILY renal dose 30 mg  
x28 days, 28 tablets, 6 refills

Bridge Rx is at no cost for eligible commercially insured, on-label diagnosed patients only, and is not contingent on purchase requirements of any kind. Bridge Rx is not available to enrollees in Medicare, Medicaid, and other federal and state programs intended to support continuation of prescribed therapy if there is a delay in determining whether commercial prescription coverage is available. In Step 1, please indicate if you provided the patient with the 2-week Starter Pack sample, or if the 4-week Starter Pack needs to be dispensed.

**Section 5: Prescriber Information (TO BE COMPLETED BY HEALTHCARE PROVIDER)**

Name (First, Last) \_\_\_\_\_ Facility name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ NPI # \_\_\_\_\_ DEA # \_\_\_\_\_ Office contact \_\_\_\_\_

Best time to contact:  Morning  Afternoon

**PRESCRIBER AUTHORIZATION\***

By signing this START Form I certify that I have prescribed Otezla® (apremilast) based on my professional judgment of medical necessity and that I will supervise the patient's medical treatment. I authorize the release of medical and/or other patient information relating to Otezla therapy to agents and service providers of Celgene (including but not limited to Covance Specialty Pharmacy and Otezla-dispensing pharmacies) to use and disclose as necessary for fulfillment of the prescription and to furnish any information on this form to the insurer of the above-named patient.

Prescriber signature (dispense as written) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervising physician signature and date (where required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature stamps not acceptable. \*If required by applicable law, please attach copies of all prescriptions on official state prescription forms.

OTEZLA SUPPORTPLUS™ Fax: 1-855-850-2955 | Phone: 1-844-468-3952

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Keep a record of the specialty pharmacy to which each Form is submitted. Also include this name in Section 2.

P.O. box addresses are not permitted.

If left unchecked, orders may be delayed when information needs to be verified.

In Section 2: All relevant fields must be completed, except patient/patient representative signature and date as they are not required for telemedicine. Also include copy of insurance and pharmacy benefit cards (both sides).

Be sure to document any previous treatments and reasons for discontinuation.

Additional medical justification can help. Also include/attach all clinical notes.

Select the option for your patient to receive a 4-week Starter Pack from Otezla Support Plus™.

Select Bridge supply (if eligible) to provide continuity of care if there are any delays or coverage denials.

Must include NPI number.

Signature required. Don't forget to sign and date!

Please see Important Safety Information on last page and Full Prescribing Information [here](#).



# Indications and Important Safety Information

## INDICATIONS

Otezla® (apremilast) is indicated for the treatment of adult patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

Otezla is indicated for the treatment of adult patients with active psoriatic arthritis.

Otezla is indicated for the treatment of adult patients with oral ulcers associated with Behçet's Disease.

## IMPORTANT SAFETY INFORMATION

### Contraindications

- Otezla® (apremilast) is contraindicated in patients with a known hypersensitivity to apremilast or to any of the excipients in the formulation

### Warnings and Precautions

- Diarrhea, Nausea, and Vomiting:** Cases of severe diarrhea, nausea, and vomiting were associated with the use of Otezla. Most events occurred within the first few weeks of treatment. In some cases patients were hospitalized. Patients 65 years of age or older and patients taking medications that can lead to volume depletion or hypotension may be at a higher risk of complications from severe diarrhea, nausea, or vomiting. Monitor patients who are more susceptible to complications of diarrhea or vomiting; advise patients to contact their healthcare provider. Consider Otezla dose reduction or suspension if patients develop severe diarrhea, nausea, or vomiting
- Depression:** Carefully weigh the risks and benefits of treatment with Otezla for patients with a history of depression and/or suicidal thoughts/behavior, or in patients who develop such symptoms while on Otezla. Patients, caregivers, and families should be advised of the need to be alert for the emergence or worsening of depression, suicidal thoughts or other mood changes, and they should contact their healthcare provider if such changes occur
  - Psoriasis:** Treatment with Otezla is associated with an increase in depression. During clinical trials, 1.3% (12/920) of patients reported depression compared to 0.4% (2/506) on placebo. Depression was reported as serious in 0.1% (1/1308) of patients exposed to Otezla, compared to none in placebo-treated patients (0/506). Suicidal behavior was observed in 0.1% (1/1308) of patients on Otezla, compared to 0.2% (1/506) on placebo. One patient treated with Otezla attempted suicide; one patient on placebo committed suicide
  - Psoriatic Arthritis:** Treatment with Otezla is associated with an increase in depression. During clinical trials, 1.0% (10/998) reported depression or depressed mood compared to 0.8% (4/495) treated with placebo. Suicidal ideation and behavior was observed in 0.2% (3/1441) of patients on Otezla, compared to none in placebo-treated patients. Depression was reported as serious in 0.2% (3/1441) of patients exposed to Otezla, compared to none in placebo-treated patients (0/495). Two patients who received placebo committed suicide compared to none on Otezla
  - Behçet's Disease:** Treatment with Otezla is associated with an increase in depression. During the clinical trial, 1% (1/104) reported depression or depressed mood compared to 1% (1/103) treated with placebo. No instances of suicidal ideation or behavior were reported in patients treated with Otezla or treated with placebo

- Weight Decrease:** Monitor body weight regularly; evaluate unexplained or clinically significant weight loss, and consider discontinuation of Otezla
  - Psoriasis:** Body weight loss of 5-10% occurred in 12% (96/784) of patients treated with Otezla and in 5% (19/382) of patients treated with placebo. Body weight loss of  $\geq 10\%$  occurred in 2% (16/784) of patients treated with Otezla compared to 1% (3/382) of patients treated with placebo
  - Psoriatic Arthritis:** Body weight loss of 5-10% was reported in 10% (49/497) of patients taking Otezla and in 3.3% (16/495) of patients taking placebo
  - Behçet's Disease:** Body weight loss of  $>5\%$  was reported in 4.9% (5/103) of patients taking Otezla and in 3.9% (4/102) of patients taking placebo
- Drug Interactions:** Apremilast exposure was decreased when Otezla was co-administered with rifampin, a strong CYP450 enzyme inducer; loss of Otezla efficacy may occur. Concomitant use of Otezla with CYP450 enzyme inducers (e.g., rifampin, phenobarbital, carbamazepine, phenytoin) is not recommended

### Adverse Reactions

- Psoriasis:** Adverse reactions reported in  $\geq 5\%$  of patients were (Otezla%, placebo%): diarrhea (17, 6), nausea (17, 7), upper respiratory tract infection (9, 6), tension headache (8, 4), and headache (6, 4)
- Psoriatic Arthritis:** Adverse reactions reported in at least 2% of patients taking Otezla, that occurred at a frequency at least 1% higher than that observed in patients taking placebo, for up to 16 weeks (after the initial 5-day titration), were (Otezla%, placebo%): diarrhea (7.7, 1.6); nausea (8.9, 3.1); headache (5.9, 2.2); upper respiratory tract infection (3.9, 1.8); vomiting (3.2, 0.4); nasopharyngitis (2.6, 1.6); upper abdominal pain (2.0, 0.2)
- Behçet's Disease:** Adverse reactions reported in  $\geq 5\%$  of patients taking Otezla, that occurred at a frequency at least 1% higher than that observed in patients taking placebo, for up to 12 weeks, were (Otezla%, placebo%): diarrhea (41.3, 20.4); nausea (19.2, 10.7); headache (14.4, 10.7); upper respiratory tract infection (11.5, 4.9); upper abdominal pain (8.7, 1.9); vomiting (8.7, 1.9); back pain (7.7, 5.8); viral upper respiratory tract infection (6.7, 4.9); arthralgia (5.8, 2.9)

### Use in Specific Populations

- Pregnancy:** Otezla has not been studied in pregnant women. Advise pregnant women of the potential risk of fetal loss. Consider pregnancy planning and prevention for females of reproductive potential. There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to Otezla during pregnancy. Information about the registry can be obtained by calling 1-877-311-8972 or visiting <https://mothertobaby.org/ongoing-study/otezla/>
- Lactation:** There are no data on the presence of apremilast or its metabolites in human milk, the effects of apremilast on the breastfed infant, or the effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Otezla and any potential adverse effects on the breastfed child from Otezla or from the underlying maternal condition
- Renal Impairment:** Otezla dosage should be reduced in patients with severe renal impairment (creatinine clearance less than 30 mL/min); for details, see Dosage and Administration, Section 2, in the Full Prescribing Information

Please [click here](#) for Full Prescribing Information.



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