



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Otezla™ (apremilast)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have a U.S. Food and Drug Administration (FDA)-approved diagnosis for treatment
- Must be prescribed by an appropriate specialist
 - If not prescribed by an appropriate specialist, a copy of the specialty consult is required. For annual renewals, an updated copy of the consult needs to be submitted.