Otezla SupportPlus™ Request

Step 1: **Please complete this form to request services from Otezla SupportPlus™ including benefits verification (BV), prior authorization (PA) requirements, PA appeal support, or to triage to a specialty pharmacy (SP).**

Step 2: **Fax this form, along with copies of the *front and back* of both your patient's insurance and prescription benefit cards, to Otezla SupportPlus™ at 1-855-850-2955. For questions, call: 1-844-4OTEZLA (1-844-468-3952).**

Otezla® SUPPORTPLUS™

Phone: 1-844-4OTEZLA
(1-844-468-3952)
Fax: 1-855-850-2955

Please select from the following options before completing the required form sections below:

- ☐ BV assistance: By completing, I would like Otezla SupportPlus™ to initiate a BV.
- ☐ PA requirements: By completing, I am requesting Otezla SupportPlus™ to verify if a PA is required or not. *If a PA form is needed, Otezla SupportPlus™ can provide the matching insurance form.*
- ☐ PA appeal support: Please attach denial documentation and complete required clinical information in this section.
- ☐ SP triage: By completing, I would like Otezla SupportPlus™ to send to an SP. *If you would like triage assistance, please fill out the prescription information section and the SP field below.*
  Preferred SP name _____
  Fax # _____
  Please note that if the patient's insurance mandates the use of a different SP than what is preferred, Otezla SupportPlus™ will triage the script to the mandated SP.

Patient and Prescriber Information

Section 1: Patient Information

Name (First, Middle, Last) _____ Date of birth ____/____/_____ ☐ Male ☐ Female
Address (No P.O. Box) _____ City _____ State _____ ZIP _____
Home phone _____ Mobile phone **(Optional)** _____
Email address _____

By providing a phone number, you represent that your patient is aware of the disclosure and has given permission to be contacted by Amgen.

Section 2: Insurance Information *Include both sides of your patient's insurance and prescription benefit card.

☐ Insurance card attached ☐ Prescription benefit card attached ☐ Patient has no insurance
Primary insurance provider _____ Policy # _____ Group # _____ Insurance phone _____
Policyholder name (First, Middle, Last) _____ Pharmacy insurance _____
Pharmacy insurance phone _____ Rx member ID _____ Rx PCN *(if applicable)* _____
Rx group ID _____ Rx BIN *(if applicable)* _____

Section 3: Prescriber Information

Name (First, Last) _____ Facility name _____
Address _____ City _____ State _____ ZIP _____
Phone _____ Fax _____ NPI #*Required _____ Office contact _____

*By completing and faxing this form to **Otezla SupportPlus™**, you represent that your patient is aware of the disclosure of their personal health information to Amgen and its agents for Amgen's patient support services, including reimbursement and verification services and the services provided by field reimbursement professionals in your office, as part of the patient's treatment with this product and that you have obtained appropriate patient authorizations as needed.*

Prior Authorization (PA) Information

☐ I do not require PA support *(please skip this section)* ☐ I would like PA requirement verification *(please complete required diagnosis information in this section)*
☐ I would like PA appeal support *(please attach denial clinical information documentation)*

Primary diagnosis/ICD-10-CM Code:

- ☐ L40.0 (Psoriasis vulgaris) %BSA Affected _____
- ☐ L40.51 (Distal interphalangeal psoriatic arthropathy)
- ☐ L40.9 (Psoriasis, unspecified) %BSA Affected _____
- ☐ L40.53 (Psoriatic spondylitis)
- ☐ L40.59 (Other psoriatic arthropathy)
- ☐ L40.8 (Other psoriasis) %BSA Affected _____
- ☐ L40.52 (Psoriatic arthritis mutilans)
- ☐ M35.2 (Behçet's Disease)

AFFECTED AREA(S) (For PsO ONLY): ☐ Hands ☐ Arms ☐ Nails ☐ Trunk ☐ Feet ☐ Legs ☐ Scalp ☐ Groin ☐ Other_____

Prescription Information for Otezla® (apremilast) FOR ORAL USE

If you are requesting Otezla SupportPlus™ triage to the Specialty Pharmacy, please complete this section:

Starting with in-office sample

Date titration sample was provided to patient: _____ / _____ / _____ In-office 2-WEEK TITRATION SAMPLE **x14 days, 27 tablets, 0 refills**
***Note the patient's start date if you directly provided the in-office sample to your patient.**

Starting with the Specialty Pharmacy

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

☐ **Titration Dose: 4-WEEK STARTER PACK x28 days, 55 tablets, 0 refills**

Maintenance Dose: 30 mg of Otezla®
☐ **Twice daily** ☐ **Once-daily renal dose 30 mg** (For patients with severe renal impairment)
☐ **x30 days** ☐ **x90 days Refills:** ☐ **11 or** ☐ **Other** (enter #) _____
Special instructions_____

***Prescriber signature (dispense as written)** _____ Date ____/____/____

***Supervising physician signature and date (where required)** _____ Date ____/____/____

All items marked with an * are required.

Scan Me

Encourage commercially insured patients to enroll in the combined Co-Pay & Bridge Program by scanning the QR code, visiting otezla.com, or calling 1-844-4OTEZLA (1-844-468-3952).

Please see the back page for Indications and Important Safety Information.
Please click here for the full Prescribing Information for Otezla.

AMGEN®

PLEASE DO NOT WRITE IN THE MARGINS – INFORMATION CAN BE MISSED OR CUT OFF

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INDICATIONS AND IMPORTANT SAFETY INFORMATION

INDICATIONS

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

Warnings and Precautions

- Hypersensitivity: Hypersensitivity reactions, including angioedema and anaphylaxis, have been reported during postmarketing surveillance. If signs or symptoms of serious hypersensitivity reactions occur, discontinue Otezla and institute appropriate therapy
- 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
  - Plaque Psoriasis: Treatment with Otezla is associated with an increase in depression. During clinical trials in patients with moderate to severe plaque psoriasis, 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
  - Plaque Psoriasis: Body weight loss of 5-10% occurred in 12% (96/784) of patients with moderate to severe plaque psoriasis treated with Otezla and in 5% (19/382) of patients treated with placebo. Body weight loss of ≥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

- Plaque Psoriasis: The most common adverse reactions (≥ 5%) are diarrhea, nausea, upper respiratory tract infection, and headache, including tension headache. Overall, the safety profile of Otezla in patients with mild to moderate plaque psoriasis was consistent with the safety profile previously established in adult patients with moderate to severe plaque psoriasis
- Psoriatic Arthritis: The most common adverse reactions (≥ 5%) are diarrhea, nausea, and headache
- Behçet's Disease: The most common adverse reactions (≥ 10%) are diarrhea, nausea, headache, and upper respiratory tract infection

Use in Specific Populations

- Otezla has not been studied in pregnant women. Advise pregnant women of the potential risk of fetal loss

Please click here for the full Prescribing Information for Otezla.

Otezla® (apremilast) 30mg tablets