Fax completed form to Navitus at: 855-668-8553
For questions, please call: 877-908-6023

TEXAS MEDICAID

Drug Prior Authorization
Cytokine & Cell-adhesion Molecule (CAM) Antagonists: apremilast (OTEZLA)

Request Information (required)
This request is: ☐ **Expedited* (Urgent)** ☐ **Standard (Non-Urgent)** *Expedited means the standard review time may seriously harm the member's life, health, or ability to regain maximum function.

Member Information (required)			Prescriber Information (required)		
Member Name:			Prescriber Name:		
Member Insurance ID #:			NPI # :	Specialty:	
Date of Birth:			Office Phone:		
Member Phone:			Office Fax:		
Member Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Please fill out the following information:

1. Medication Requested (Name):
(Go to #2)

2. Quantity Requested:
(Go to #3)

3. Dose Requested (Strength):
(Go to #4)

4. Dosing Instructions:
(Go to #5)

Required Criteria

5. Provide primary diagnosis including ICD-10 code(s):
(Go to #6)

Clinical Criteria (required)

6. Is the member greater than or equal to (≥) 18 years of age?

- ◯ Yes
(Go to #7)
- ◯ No (Deny)
(Go to #7)

7. Does the member have a diagnosis of oral ulcers associated with Behcet's Disease, active plaque psoriasis (PS) or psoriatic arthritis (PsA) in the last 730 days?

- ◯ Yes
  (Go to #8)
- ◯ No (Deny)
  (Go to #8)

8. Does the member have a claim for a strong CYP3A4 inducer in the last 90 days?

   Examples of CYP3A4 inducers include: ACTOPLUS, ACTOS, APTIOM, ATRIPLA, bexarotene (TARGRETIN), carbamazepine (CARBATROL, EPITOL, EQUETRO, TEGRETOL), DUETACT, INTELENCE, LYSODREN, modafinil (PROVIGIL), rifabutin (MYCOBUTIN), primidone (MYSOLINE), nevirapine (VIRAMUNE), ORKAMBI, OSENI, phenobarbital, phenytoin (DILANTIN, PHENYTEK), PRIFTIN, RIFAMATE, rifampin (RIFADIN), RIFATER, SUSTIVA, TAFINLAR, TRACLEER and XTANDI.

- ◯ Yes (Deny)
  (Go to #9)
- ◯ No
  (Go to #9)

9. Does the member have a claim for a tumor necrosis factor (TNF)-blocker or interleukin-17 (IL-17) inhibitor in the last 30 days?

   Examples of TNF-blockers include: CIMZIA, ENBREL, HUMIRA, and SIMPONI.

   Examples of IL-17 inhibitors include: COSENTYX and TALTZ.

- ◯ Yes (Deny)
  (Go to #10)
- ◯ No
  (Go to #10)

10. Does the member have a diagnosis of chronic kidney disease (stage 4 or 5) in the last 365 days?

- ◯ Yes
  (Go to #11)
- ◯ No (Approve - 365 days)
  (Go to #12)

11. Is the requested dose less than or equal to (≤) 30 mg per day?

- ◯ Yes (Approve - 365 days)
  (Go to #12)
- ◯ No (Deny)
  (Go to #12)

Additional Information

12. Please provide any additional information we should consider (or attach any supporting documents):
(END)

Submission Information (required)

Prescriber Signature: _____ **Date:** _____

**** PLEASE FAX COMPLETED FORM TO: 855-668-8553 ****

If criteria not met, submit chart documentation with form citing complex medical circumstances.
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