

Priority Health Medicare Prior Authorization Criteria (Part D)

Otezla®

Products affected

- Otezla®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For moderate to severe plaque psoriasis, patient must try one systemic non-biologic treatment (cyclosporine, cyclosporine modified, methotrexate, methylprednisolone, prednisone, or Soriatane). For psoriatic arthritis, patient must try one non-biologic DMARD (methotrexate, sulfasalazine, hydroxychloroquine, leflunomide, azathioprine, cyclosporine).