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** or call **1-844-4OTEZLA** (1-844-468-3952).

Otezla SUPPORTPLUS™

Section 1: Patient Information

Name (First, MI, Last) _____ Last 4 digits of SS #_____ Date of birth ____ / ____ / _____ ☐ Male ☐ Female

Address _____ No P.O. Box 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:

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

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
☐ Methotrexate		☐ Biologics	
☐ Cyclosporine		☐ Topicals	
☐ Sulfasalazine		☐ Other	
☐ Acitretin			
☐ PUVA or UV		ADDITIONAL MEDICAL JUSTIFICATION	
☐ Colchicine			

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

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

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

HIPAA Authorization to Share Health Information

Please present this Authorization to the patient/patient representative and obtain the required signature.

Otezla SUPPORTPLUS™

By signing this Authorization (on the signature line in Section 2 on the front of this START Form), I authorize my healthcare providers, my health insurance company, and my pharmacy providers to disclose to Celgene and companies working on its behalf (collectively, "Celgene") health information relating to my medical condition, treatment, and insurance coverage so that Celgene may use the information to (1) provide me with treatment support services through Otezla SupportPlus™ and marketing or educational information or materials related to such services; (2) ask me about my experience with or thoughts about Otezla and Otezla SupportPlus™; (3) analyze the usage patterns and the effectiveness of Otezla and Otezla SupportPlus™; (4) help develop new products, services, and programs; (5) conduct Celgene general business and administrative activities, and (6) communicate with me by mail, email, phone, fax or otherwise about my prescription for Otezla, including through product adherence and refill reminder messages.

I understand that my pharmacy providers may receive remuneration from Celgene for disclosing my health information to Celgene and for using my health information to contact me with communications about Otezla and Otezla SupportPlus™.

I understand that once my health information has been disclosed to Celgene, federal privacy laws may no longer protect the information. However, I understand that Celgene plans to use and disclose the health information it receives pursuant to this Authorization only for purposes authorized herein or as required by law or regulation.

I understand that I may refuse to sign this Authorization, but that if I do, Otezla SupportPlus™ may not have full access to my prescription status.

I further understand that my treatment, insurance enrollment, and eligibility for insurance benefits are not conditioned upon my signing this Authorization.

I may cancel this Authorization at any time by mailing a letter to Otezla SupportPlus™ at PO BOX 13185, La Jolla, California 92039 or by sending an email to otezlaprivacy@celgene.com. I understand that if I do cancel this Authorization, that will not invalidate reliance on the Authorization to use or disclose my information before Celgene receives the revocation. This Authorization expires ten [10] years from the date on which I sign it (ie, the date next to my signature on the front of this START Form), unless I cancel the Authorization earlier. I understand that I am entitled to receive a copy of this Authorization after I sign on the front of this START Form.

$0 Co-pay Eligibility

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.

Filling an Otezla prescription

PRESCRIBE

Prescribe Otezla® (apremilast) 30-mg tablets for an appropriate patient

PREPARE

1. Collect patient information, including prescription benefit information
2. Select a Specialty Pharmacy (SP) to process the Rx or choose Otezla SupportPlus™ (OSP) to initiate the prescription process
3. Provide Starter Pack, if appropriate

No Starter Pack?

Request Starter Pack in section 4 of the START Form or from your Otezla Sales Representative

SUBMIT

1. Complete the Otezla START Form or the SP enrollment form. Send with copies of the medical and prescription benefit card to the SP or OSP
2. SP or OSP conducts the benefit verification and determines if Prior Authorization (PA) is required

PA is not required

PA is required

Submit PA form along with other required documentation to the insurer

PA is approved

PA is denied

APPEAL

Appeal the denial by submitting the Letter of Medical Necessity and other required documentation to the insurer. Request this document in the Professional Resources tab at **otezlapro.com**, or contact OSP, **1-844-4OTEZLA** (1-844-468-3952) 8 AM - 8 PM ET, Monday - Friday

Appeal is approved

Benefit verification is complete.

SP coordinates co-pay collection and direct mail shipment of medication to the patient

Should appeal(s) be denied

Refer patient to OSP to determine eligibility for the Patient Assistant Program

Otezla® (apremilast) 30mg tablets

Otezla SupportPlus™ can help with access

This support network includes resources for you and your patients.

REIMBURSEMENT SUPPORT

- Benefits investigation and PA assistance
- Assessment of patient eligibility for Medicare coverage
- Appeals support for coverage denials
- Specialty pharmacy triage and coordination
- Status updates on prescription fulfillment

PATIENT SUPPORT

- 24/7 access to specially trained nurses
- $0 co-pay* enrollment and follow-up
- Live insurance support
- Updates on prescription status
- Shipment of free bridge to maintenance supply during potential reimbursement delays for commercially insured patients

Financial assistance options

COMMERCIALLY INSURED

Otezla Savings Program

Eligibility requirements:

- Commercially insured (no Medicare or Medicaid)
- Patient must be a US resident

Be sure to remind your patients that they may be eligible for a $0 co-pay,* and to ask their specialty pharmacy about financial offers that may be available to them.

MEDICARE & MEDICAID

Independent Co-pay Foundations & State Programs

Eligibility requirements

(may vary by foundation):

- Each fund has its own enrollment process
- Patients can receive funding as needed

UNINSURED OR UNDERINSURED

Patient Assistance Program

Eligibility requirements:

- On-label diagnosis
- For uninsured or underinsured patients
- Patient must be a US resident
- Patient must meet financial requirements

*Certain restrictions apply. 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 void where prohibited by law.

Questions? Need more information?

Call **Otezla SupportPlus™** at **1-844-4OTEZLA** (1-844-468-3952)
8 AM – 8 PM ET, Monday – Friday

Or visit **OtezlaSupportPlus.com**

Otezla® (apremilast) 30mg tablets

The right information speeds the process

Any incorrect or missing information on the START Form can delay the approval process.

Did you remember to

- Obtain patient and HCP signatures. Patient signature on file may be acceptable for some specialty pharmacies and should be noted
- Note the patient's titration start date if you provided the Starter Pack directly to your patient
- Check "Bridge Rx – 30 mg of Otezla® (apremilast)" in section 4 of the START Form
- Indicate permission to leave a message with patient
- Include copies of both sides of the patient's (1) prescription benefit card and (2) medical benefit card
- Fax any clinical notes helpful in establishing diagnosis to the SP or OSP

Additional helpful tips

- Need a PA form? One can be provided by the patient's insurance company
- If you have questions about filling out the START Form, **Otezla SupportPlus™** is here to help you every step of the way. Just call us at **1-844-4OTEZLA** (1-844-468-3952) 8 AM – 8 PM ET, Monday – Friday

Otezla® (apremilast) 30mg tablets

How to start on Otezla

Starting with in-office sample:

Otezla® (apremilast) 30 mg Starter Pack

- 2 weeks of medication, including 5 days of titration doses

Starting with the specialty pharmacy:

Otezla 30 mg 28-day Pack

- Includes 5 days of titration doses and additional maintenance doses if Starter Pack is not provided in office

Otezla® BRIDGE PROGRAM

Denied or awaiting coverage?

Get Your Patients *3 for Free**

Otezla 30 mg 30-day Supply

- Maintenance doses for patients who have received benefit verification

Check the "Bridge Rx" option on the Otezla START Form when prescribing.

*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.

Indications and Important Safety Information

INDICATIONS

Otezla® (apremilast) is indicated for the treatment of 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

Please see additional Important Safety Information on the next page.

Otezla® (apremilast) 30mg tablets

Indications and Important Safety Information

Warnings and Precautions (cont'd)

- 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 ≥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 ≥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 at least ≥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.

Otezla® (apremilast) 30mg tablets