Be sure to fill out the Otezla START Form for Specialty Pharmacy and the HIPAA Authorization to Share Health Information accurately and completely.

Follow the 4 steps inside to get started

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

Please see Indications and Important Safety Information on last page, and Full Prescribing Information here.
Completing the Otezla START Form

To help prevent delays in the prescription process of your patients on Otezla® (apremilast), be sure to fill out the Otezla START Form for Specialty Pharmacy and the HIPAA Authorization to Share Health Information accurately and completely. This guide will help.

1 Refer to the guide provided
   We’ve included detailed tips to help you and your patients complete both forms correctly.

2 Double-check for common errors
   We’ve highlighted the fields that are most commonly overlooked. These errors lead to delays in processing. Double-checking may help your patients get their treatment as prescribed and reduce the burden on your office staff.

3 Make sure you send everything
   Here’s a complete list of what to fax to the specialty pharmacy. (For a list of enhanced support specialty pharmacies, visit the Resources section of otezlapro.com):
   - Completed and signed Otezla START Form for Specialty Pharmacy
   - Completed and signed HIPAA Authorization to Share Health Information
   - Copy of both sides of patient’s insurance and pharmacy benefit card(s)
   - Any clinical notes helpful in establishing diagnosis. Or, if the patient has been taking Otezla, include updated clinical notes about their progress

4 Remind your patients they should expect a call
   Make sure your patients know that their specialty pharmacy will call to confirm their contact and insurance information—and that call may come from an unfamiliar number. They need to answer to avoid delays in processing.

Please see Indications and Important Safety Information on last page, and Full Prescribing Information here.
Guide to the Otezla START Form for Specialty Pharmacy

Here are some tips for filling out an Otezla START Form for Specialty Pharmacy. Filling out the Otezla START Form and HIPAA Authorization Form accurately and completely will help avoid delays in processing. Highlighted areas note fields that are commonly overlooked.

Keep a record of the specialty pharmacy to which each form is submitted. Also include this name in Section 2.

P.O. box addresses are not permitted.

If left unchecked, orders may be delayed when information needs to be verified.

In Section 2: All relevant fields must be completed, including patient/patient representative signature and date. Also include copy of insurance and pharmacy benefit cards (both sides).

Be sure to document any previous treatments and reasons for discontinuation.

Additional medical justification can help. Also include/attach all clinical notes.

Either select the option for your patient to receive a 4-week starter pack from their specialty pharmacy or indicate the date a 2-week starter pack was provided by your office. Be sure to include date.

Bridge supply is only available for commercially insured patients.

Must include NPI number.

Signature required. Don't forget to sign and date!
Sample HIPAA Authorization Form

Always make sure that the completed Otezla START Form is accompanied by a signed HIPAA Authorization, like the one below.

HIPAA Authorization to Share Health Information

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

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.
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.

**INDICATIONS**

Otezla® (apremilast) is indicated for the treatment of patients with active psoriatic arthritis.

**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 0.3% (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% (4/445) 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 (0/445). 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.

**Adverse Reactions**
- Psoriasis: Adverse reactions reported in ≥5% of patients were:
  - Otezla-treated patients: diarrhea (17%, 7.7); nausea (17%, 8.9); upper abdominal pain (17%, 8.7); vomiting (17%, 8.7); back pain (19%, 14.4); headache (14%, 14.4); upper respiratory tract infection (11%, 10.7); nasal congestion (8%, 10.7); sinusitis (6%, 10.7); upper abdominal pain (6%, 4).
  - Placebo-treated patients: diarrhea (6%, 4); nausea (7%, 7); upper abdominal pain (2%, 2); headache (7%, 4); upper respiratory tract infection (7%, 4); nasal congestion (4%, 4); sinusitis (4%, 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, were:
  - Otezla-treated patients: diarrhea (17%, 7.7); nausea (17%, 8.9); upper respiratory tract infection (11%, 4.9); upper abdominal pain (8%, 7.1); vomiting (8%, 7.1); back pain (7%, 5.8); viral upper respiratory tract infection (6%, 4.9); arthralgia (5.8, 2.9).

- Behçet’s Disease: Adverse reactions reported in at least 25% 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, were:
  - Otezla-treated patients: diarrhea (16%, 7.7); nausea (16%, 8.9); upper abdominal pain (16%, 7.7); vomiting (16%, 7.7).

**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](https://example.com) for Full Prescribing Information.

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