



Otezla (apremilast) Monograph

USAN Council Pronunciation: Oh' tez" lu (u pre' mi" last)

Apremilast is an oral small-molecule inhibitor of phosphodiesterase 4 (PDE4) specific for cyclic adenosine monophosphate (cAMP). PDE4 inhibition results in increased intracellular cAMP levels. Apremilast (Otezla®) is indicated for the treatment of: adult patients with active psoriatic arthritis and adults with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

Following a 5-day titration the recommended maintenance dosage is 30 mg twice daily. Apremilast can be administered without regard to meals. The dosage should be reduced to 30 mg once daily in patients with severe renal impairment (creatinine clearance (ClCr) of less than 30 mL per minute estimated by the Cockcroft-Gault equation). No dosage adjustment is required in patients with moderate to severe hepatic impairment.

PsA: The safety and efficacy of apremilast was evaluated in 3 multi-center, randomized, double-blind, placebo-controlled trials of similar design with a total of 1493 adults. Subjects were permitted to remain on stable doses of DMARDS and/or low dose oral corticosteroids during the study. The primary endpoint was the percentage of patients achieving American College of Rheumatology (ACR) 20 response at Week 16. Treatment with Apremilast compared with Placebo resulted in statistically significant improvement in ACR 20 response, (range: 32-41%).

PsO: Two multicenter, randomized, double-blind, placebo-controlled trials enrolled a total of 1257 adult subjects with moderate to severe plaque psoriasis who were candidates for phototherapy or systemic therapy. At week 16, treatment with Apremilast compared with Placebo resulted in statistically significant improvement in PASI-75 response (33% compared with 5% in PSOR-1; 28% compared with 5% in PSOR-2).

Select Marked Laboratory Abnormalities

- Individual, markedly abnormal values were infrequent, transient, and returned to baseline or were associated with a concurrent medical condition.
- Myelosuppression was not observed based on routine CBC.
- Laboratory monitoring before or during treatment with apremilast is not required.

Adverse Reactions

- The majority of the most common adverse reactions occurred within the first two weeks of treatment and tended to resolve over time with continued dosing. Diarrhea, headache, and nausea were the most commonly reported adverse reactions. The most common adverse reactions leading to discontinuation for patients taking OTEZLA were nausea, diarrhea, and headache.
- Gastrointestinal AEs (diarrhea, headache, and nausea) were predominantly mild or moderate in severity, presented early, were self-limited and did not recur.

Warnings and Precautions

- Depression: During the placebo controlled period of clinical trials, patients treated with apremilast reported depression or depressed mood.
- Weight Decrease: During the controlled period of the studies, weight decrease was reported in patients treated with apremilast.
- Drug Interactions: Use with strong cytochrome P450 enzyme inducers (e.g. rifampin, phenobarbital, carbamazepine, phenytoin) is not recommended because loss of apremilast efficacy may occur.

Please see full prescribing information at Celgene.com

Otezla® (package insert). Summit, NJ: Celgene Corporation; 2014