Commercial PA Criteria

Effective: November 10, 2022

Prior Authorization: Sotyktu

Products Affected: Sotyktu (deucravacitinib capsules)

Medication Description: SOTYKTU™ is indicated for the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.

Covered Uses:

1. Moderate-to-severe plaque psoriasis

Exclusion Criteria:

1. Concurrent Use with other Biologics or with Targeted Synthetic Disease-Modifying Antirheumatic Drugs (DMARDs).
2. Concurrent use with Other Potent Immunosuppressants, Including Methotrexate

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Prescriber Restriction:

1. The medication is prescribed by, or in consultation with, a dermatologist.

Age Restriction: 18 years of age and older

Coverage Duration:

Initial: 3 months
Continuation: 1 year

Other Criteria:
Initial Approval Criteria

1. Moderate to Severe Plaque Psoriasis

Approve for the duration noted if the patient meets the following;

A. Patient has tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant;
OR
Note: Examples of one traditional systemic agent include methotrexate, cyclosporine, acitretin tablets, or psoralen plus ultraviolet A light (PUVA). An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient has already had a 3-month trial or previous intolerance to at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. A patient who has already tried a biologic for psoriasis is not required to "step back" and try

a traditional systemic agent for psoriasis.

B. Patient has a contraindication to methotrexate, as determined by the prescriber

Renewal Criteria

1. Moderate to Severe Plaque Psoriasis – Patient is Currently Receiving Sotyktu

Approve for the duration noted if the patient meets the following;

A. Patient has been established on therapy for at least 3 months; **AND**
Note: A patient who has received < 3 months of therapy or who is restarting therapy is reviewed under Initial Therapy criteria.

B. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating the requested drug) in at least one of the following: estimated body surface area, erythema, induration/thickness, and/or scale of areas affected by psoriasis; **AND**

C. Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as decreased pain, itching, and/or burning.

References:

1. Sotyktu (deucravacitinib) [prescribing information]. Princeton, New Jersey: Bristol-Myers Squibb Company; September 2022.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/10/2022
2	Update	Initial Criteria: changed "Humira" to "Adalimumab"	Initial Criteria	5/11/2023
3	Update	Update Initial Criteria for documented failure of or intolerance to THREE instead of TWO Added Amjevita to the policy.	Initial Criteria	5/30/2023
4	Update	Removal of Patient has minimum body surface area involvement with plaque psoriasis of ≥ 10%;.	Other criteria	12/21/2023
5	Update	Renewal criteria addition of patient established for at least 3 months of therapy.	Renewal Criteria	5/17/2024
6	Update	For Plaque Psoriasis, Sotyktu was moved from Step 2 to Step 1. As a result of this change, the requirement for one previous Preferred therapy was removed.	Other Criteria	6/4/2024