



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

- A. Patient has a documented failure of, or intolerance to, or contraindication to at least **one** traditional systemic agent (e.g., MTX, cyclosporin, acitretin tablets, or psoralen plus ultraviolet A light (PUVA) for at least 3 months
AND

Note: Women of childbearing age may be given special consideration for approval without systemic therapy when topical and phototherapy options have been tried and failed; 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.

December 2023



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B. Patient has a documented failure of, or intolerance to **THREE** of the following;

| Plaque Psoriasis (THREE of the following) |
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| Enbrel |
| Adalimumab Product |
| Otezla |
| Skyrizi |
| Stelara SC |
| Taltz |
| Tremfya |

Renewal Criteria

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

- A. Patient meets all initial authorization criteria; **AND**
- B. Patient achieves or maintains a positive clinical response after at least 3 months of therapy with Sotyktu as evidenced by low disease activity or improvement in signs and symptoms of the condition.

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 $\geq 10\%$; | Other criteria | 12/21/2023 |