Mass General Brigham
Health Plan

Sotyktu (deucravacitinib)
Effective 03/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Sotyktu (deucravacitinib) is approved for the treatment of adult patients with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

Coverage Guidelines
Authorization may be granted for members who are new to the plan currently receiving treatment with Sotyktu, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The patient is 18 years of age or older
2. The member has a diagnosis of moderate to severe plaque psoriasis
3. The member meets ONE of the following:
    a. At least 10% of the body surface area (BSA) is affected
    b. Crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected
    c. At least 3% BSA is affected AND the member meets ONE of the following:
        i. Member has had an inadequate response or intolerance to either phototherapy (e.g., UVB, PUVA) or pharmacologic treatment with methotrexate, cyclosporine or acitretin.
        ii. Member has a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine and acitretin (see Appendix).
4. Documentation that the member has had intolerance, inadequate response, or contraindication to Cosentyx, Enbrel, Humira, Otezla, Skyrizi, and Stelara

Continuation of Therapy

Authorization may be granted for members who have a diagnosis of moderate to severe plaque psoriasis who achieve or maintain positive response as evidenced by low disease activity or improvement in signs and symptoms of the condition when ONE of the following is met

1. Reduction in BSA affected from baseline
2. Improvement in signs and symptoms from baseline (e.g., itching, redness, flaking, scaling, burking, cracking, pain)

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).
    a. Note: Members who have received Sotyktu or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy.

Appendix: Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine or Acitretin

1. Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Drug interaction
4. Cannot be used due to risk of treatment-related toxicity
5. Pregnancy or currently planning pregnancy
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

References

1. Sotyktu [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; September 2022.
2. Armstrong, AW, Gooderham M, Warren RB, et al. Deucravacitinib versus placebo and apremilast in moderate to severe plaque psoriasis: efficacy and safety results from the 52-week, randomized, double-blinded, placebo-controlled phase 3 POETYK PSO-1 trial. *J AM Acad Dermatol*. 2022;S0190-9622(22)02256-3. doi: 10.1016/j.jaad.2022.07.002. Online ahead of print.
3. Clinicaltrials.gov. National Library of Medicine (US). Identifier: NCT03611751, an investigational study to evaluate experimental medication BMS-986165 compared to placebo and a currently available treatment in participants with moderate-to-severe plaque psoriasis (POETYK-PSO-2). Available from: https://www.clinicaltrials.gov/ct2/show/study/NCT03611751.
4. Menter, A, Gelfand, JM, Connor, C, et al. Joint AAD-NPF guidelines of care for the management of psoriasis with systemic nonbiologic therapies. *J Am Acad Dermatol.* 2020;82(6): 1445-86.
5. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. J Am Acad Dermatol. 2019;80(4):1029-1072.
6. Coates LC, Soriano ER, Corp N, et al. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA): updated treatment recommendations for psoriatic arthritis 2021. *Nat Rev Rheumatol.* 2022;18(8):465-479.
7. Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on September 14, 2022 from: https://www.cdc.gov/tb/topic/basics/risk.htm

Review History

01/11/2023 – Created and Reviewed for January P&T. Effective 03/01/2023