

Sotyktu (deucravacitinib)
Effective 01/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Sotyktu (deucravacitinib) is tyrosine kinase 2 inhibitor 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 new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all the following diagnosis-specific criteria have been met:

Moderate to severe plaque psoriasis

1. Diagnosis of moderate to severe plaque psoriasis
2. At least 3% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
3. Member meets ONE of the following criteria:
 - a. Minimum duration of 4-week trial and failure, intolerance, or contraindication to ONE of the following topical therapies
 - i. Corticosteroids (e.g., betamethasone, clobetasol)
 - ii. Vitamin D analogs (e.g., calcitriol, calcipotriene)
 - iii. Tazarotene
 - iv. Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
 - v. Anthralin
 - vi. Coal tar
 - b. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy
4. Trial and failure, intolerance, or contraindication to TWO of the following:
 - a. Cimzia
 - b. Enbrel
 - c. Humira (Abbvie), Hadlima, Adalimumab-adaz, Adalimumab-fkjp, Amjevita (Nuvaila)

- d. Otezla
- e. Skyrizi
- f. Stelara, Wezlana
- g. Taltz
- h. Tremfya

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted supporting improvement in member's condition as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. 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.
2. 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>.
3. 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.
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. 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>
7. Sotyktu [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; September 2022.

Review History

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

11/15/2023 – Reviewed and Updated for Nov P&T; updated BSA requirement to > 3% BSA or crucial body area. Removed TB requirement. Updated preferred agents from having prior use with ALL the preferred products (Cosentyx, Enbrel, Humira, Otezla, Skyrizi and Stelara) to having prior use with 3 of the following agents: Cimzia, Enbrel, Humira or biosimilars, Skyrizi, Stelara, Tremfya, AND Cosentyx. Added requirement of topical therapies. Effective 1/1/2024

10/09/2024 – Reviewed and updated at October P&T. Removed age requirement. Updated language for conventional therapies to no longer require submission of medical records or paid claims. Updated criteria to allow for bypassing conventional therapy requirement if member has severe psoriasis that warrants a biologic DMARD as first-line therapy. Added Otezla, Taltz and Wezlana as biologic step options. Updated reauthorization criteria to require documentation of clinical response. Effective 1/1/2025.

