blue of california

deucravacitinib tablet (SOTYKTU)

Diagnosis Considered for Coverage:

- Plaque Psoriasis (PsO)

Coverage Criteria:

For treatment of moderate to severe plaque psoriasis:

- Patient is at least 18 years old, **and**
- Prescribed by or in consultation with a rheumatologist or dermatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to one of the following: methotrexate, cyclosporine (Neoral), acitretin (Soriatane), or light therapy (PUVA/UVB), **and**
- Not being used in combination with Otezla or another targeted immunomodulator (i.e., anti-TNFs, interleukin inhibitors), **and**
- Dose does not exceed 6 mg per day, **and**
- One of the following:
  - Baseline PASI score is 10 or more prior to initiating targeted immunomodulator (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**
  - Baseline BSA is 3% or more prior to initiating targeted immunomodulator (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**
  - Sensitive area is involved (i.e. groin, face, etc.), **or**

  Disease is otherwise debilitating, **and**
- Inadequate response or intolerable side effect with TWO preferred agents OR contraindication to ALL preferred agents

Preferred agents:

- Enbrel, Humira, Otezla, Skyrizi, Stelara, Taltz, and Tremfya

Coverage Duration: 24 weeks

Reauthorization

- Patient has shown improvement in the baseline PASI (or BSA if provided on initial request) score or provider attests improvement in affected area (i.e. where sensitive area is involved), **and**
- Not being used in combination with Otezla or another targeted biologic, **and**
- Dose does not exceed 6 mg per day.

Coverage Duration: one year

Coverage Duration: *See coverage criteria*

References:

1. Product Information: SOTYKTU(TM), deucravacitinib oral tablets. Bristol-Myers Squibb Company, Princeton, NJ, 2022.

Effective Date: 11/02/2023