PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Sotyktu (deucravacitinib)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Sotyktu is a tyrosine kinase 2 inhibitor initially approved by the FDA in 2022. It is indicated for the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. Sotyku is the first drug in its class to gain FDA approval for any condition. The approval of Sotyktu was based on results from the Phase 3 POETYK PSO-1 and POETYK PSO-2 clinical trials, both of which compared Sotyktu head-to-head with Otezla 30 mg twice daily as well as with placebo. In both studies, Sotyktu outperformed Otezla and placebo on two commonly used measures for assessing skin clearing: Psoriasis Area and Severity Index (PASI) and static Physician's Global Assessment (sPGA).

Sotyktu (deucravitinib) will be considered for coverage when the following criteria are met:

Plaque Psoriasis

For initial authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a dermatologist; AND
3. Member has a diagnosis of moderate to severe plaque psoriasis; AND
4. Member has tried and failed to respond to treatment with at least one of the following:
   a) At least 12 weeks of photochemotherapy (i.e., psoralen plus ultraviolet A therapy);
   b) At least 12 weeks of phototherapy (i.e., UVB light therapy, Excimer laser treatments);
   c) At least a 4-week trial with topical antipsoriatic agents (i.e., anthralin, calcipotriene, coal tar, corticosteroids, tazarotene, tacrolimus, pimecrolimus); AND
5. Member has tried and failed, or unable to tolerate a systemic non-biologic DMARD (i.e., cyclosporine, methotrexate, acitretin) for at least 12 weeks.
6.