

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Deucravacitinib (Sotyktu)

Notes:

- Quantity Limits: Yes
- ^Adequate trial is defined as the following:
 - Phototherapy - 8 weeks
 - Systemic non-biologics - 6 weeks
 - Biologics - 12 weeks
- *Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary deucravacitinib (Sotyktu) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a dermatologist
- Patient has a diagnosis of plaque psoriasis
- Patient is 18 years of age or older
- Patient has failed an adequate trial of phototherapy^ (unless documented by prescriber phototherapy not appropriate)
- Patient has failed an adequate trial^, or patient has an allergy/intolerance* to at least one of the following (or contraindication to all):
 - Methotrexate
 - Acitretin
 - Cyclosporine
- Patient has failed an adequate trial^, or patient has an allergy/intolerance* or contraindication to all of the following:
 - Secukinumab (criteria based)
 - Adalimumab product (criteria based)
 - Guselkumab (criteria based)
 - Ustekinumab (criteria based)
 - Risankizumab-rzaa (criteria based)

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary deucravacitinib (Sotyktu) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a dermatologist
- Patient has responded to deucravacitinib as determined by prescriber

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Revised: 01/11/24
Effective: 03/21/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest