Clinical Policy Title:	deucravacitinib
Policy Number:	RxA.785
Drug(s) Applied:	Sotyktu™
Original Policy Date:	01/17/2023
Last Review Date:	12/05/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Plaque psoriasis (must meet all):

1. Diagnosis of moderate to severe Plaque Psoriasis (PsO);
2. Trial and failure of ≥ 3 months of at least one (1) conventional systemic therapy (methotrexate [MTX], cyclosporin, acitretin) or phototherapy (psoralen plus ultraviolet A light [PUVA]) unless contraindicated or clinically significant adverse effects are experienced;
3. Trial and failure of at least two (2) of the following agents: adalimumab (Abrilada™, Hadlima™, or adalimumab-aaty), Cimzia®, Skyrizi®, Enbrel®, Tremfya®, Stelara®, Otezla, unless contraindicated or clinically significant adverse effects are experienced;
4. Member has BSA involvement ≥3%;

Approval Duration

All Lines of Business (except Medicare): 12 months, Split-fill

II. Continued Therapy Approval

A. Plaque psoriasis (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

Not Applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	12/08/2022	01/17/2023
Policy was reviewed: 1. Initial Approval Criteria, I.A.5.a: Updated trial and failure criteria from at least 3 to at least 2 agents and also include new drug Amjevita.	04/05/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023

Policy was reviewed: 1. Updated trial and failure criteria to include Humira biosimilar. 2. Updated Approval duration. 3. Removed responding positively criteria.	11/10/2023	10/19/2023
Policy was reviewed: 1. I.A.4: Removed at up to maximally indicated doses and use of a biologic DMARD 2. I.A.3: Removed age 3. I.A.8: Removed dosing 4. Revised continued therapy approval language		
Policy was reviewed: 1. Removed prescriber restrictions. 2. Updated adalimumab biosimilars. 3. Added “Split-fill” to initial criteria approval duration. 4. Updated Continued therapy approval to “Member is currently receiving medication that has been authorized..”	11/25/2024	12/05/2024