[Date] Name: [Patient’s Name]

[Health Plan Name] ICD-10 code: [XXX.X]

ATTN: [Department] DOB: [XX/XX/XXXX]

[Medical/Pharmacy Director Name] Patient Policy ID Number: [Policy ID #]

[Health plan address] Reference Number: [Reference #]

[City, State Zip] Date(s) of Service: [XX/XX/XXXX]

Re: Request for Formulary Exception for SOTYKTUTM (deucravacitinib)

Dear [Medical/Pharmacy Director Name],

I am writing on behalf of [patient’s name] to request coverage for SOTYKTU for the treatment of [patient diagnosis], [ICD-10 Code]. Your reason[s] for the denial [is/are] [reason(s)].

Currently, SOTYKTU is not on your formulary. I am requesting an exception for SOTYKTU to be available as a preferred drug and ask that any applicable National Drug Code blocks be removed so a prescription for my patient may be filled. I am requesting this exception based on my patient’s condition and medical history. [Please also see attached documents to further support my treatment rationale.]

SOTYKTU is an oral, once-daily, TYK2 inhibitor that was approved by the US Food and Drug Administration in September 2022 for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.1

Below is the rationale for prescribing SOTYKTU based on my patient’s condition and medical history.

[NOTE: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient’s medical condition.]

**Summary of treatment rationale:**

[Insert summary statement for rationale that SOTYKTU is medically necessary and should be covered and reimbursed.]

**Summary of patient medical history:**

* [Date of patient diagnosis]
* [Percentage of body surface area (BSA) currently affected, sPGA score and/or PASI score, if applicable]
* [Describe the location of the patient’s plaques and include pictures of plaque severity when possible and if applicable]
* [Previous treatment(s) of plaque psoriasis, duration, patient’s response, and reason(s) for discontinuation, if applicable]

Please contact me should you have questions or need additional information. Thank you for your time and immediate attention to this request.

Sincerely,

[Provider name, contact information, and signature]

Enclosures: [List and attach additional documents to support your treatment rationale]

**Abbreviations:** PASI, Psoriasis Area and Severity Index; sPGA, static physicians global assessment; TYK2, tyrosine kinase 2.

**Reference: 1.** SOTYKTU [package insert]. Princeton, NJ: Bristol Myers Squibb Company; 2022.

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