

# SOTYKTU 360 SUPPORT

Your circle of support

## GETTING STARTED WITH SOTYKTU (deucravacitinib) 360 SUPPORT

.....

Here to help you make the SOTYKTU onboarding process quick and easy

- ✓ Enroll into SOTYKTU 360 SUPPORT with the Start Form to provide your patients access to therapy and financial support
- ✓ SOTYKTU Bridge Program\* helps eligible patients start treatment if coverage is delayed or denied
- ✓ A dedicated SOTYKTU 360 SUPPORT Coordinator will help guide your patients every step of the way

\*Please see Terms and Conditions on page 3 and at [SOTYKTU.com/terms-conditions](https://www.sotyktu.com/terms-conditions)



SOTYKTU<sup>TM</sup>  
(deucravacitinib) 6 mg tablets

# A SIMPLE GUIDE TO START YOUR PATIENTS ON SOTYKTU



## Complete the Start Form

- Select the applicable prescriptions for your patient including Free Trial\*, Commercial, and Bridge\* doses
- The Start Form can be completed and then faxed to **1-888-381-0029**, or completed and submitted via the CoverMyMeds portal



## Free Trial\* is Dispensed

- First time, eligible patients may receive a 30-day Free Trial\* in the mail
- If Free Trial\* is selected on the Start Form, it can be shipped for eligible patients within 24 hours of the first successful call with SOTYKTU 360 SUPPORT



## Benefit Investigation

- Once the Start Form is submitted, SOTYKTU 360 SUPPORT will perform a Benefits Investigation
- You will learn if SOTYKTU is covered under your patient's insurance plan, if a Prior Authorization (PA) is required, and if the patient has a mandated Specialty Pharmacy (SP)
- SOTYKTU 360 SUPPORT can help identify potential financial assistance programs for uninsured and underinsured patients



## PA and Appeal

- If a PA is required, SOTYKTU 360 SUPPORT will gather any plan-specific forms for you to attach with any supporting documents and the patient's insurance information
- A PA can be submitted via the CoverMyMeds portal or via fax directly to the patient's insurance



## PA is Approved

- Your office and your patient are notified of the decision that SOTYKTU is approved under the patient's health plan
- Once received, send a copy of your patient's coverage determinations to SOTYKTU 360 SUPPORT



## PA is Denied

- If the PA is denied, submit an appeal to the patient's insurance. Helpful appeal letter template can be found on [SOTYKTUhcp.com/resources](http://SOTYKTUhcp.com/resources)
- Refer to the health plan's specific guidelines for appeals
- During the coverage determination process, eligible, commercially insured patients can be enrolled into the **Bridge Program\***, letting them stay on SOTYKTU until coverage is determined
- Once received, send a copy of your patient's coverage determinations to SOTYKTU 360 SUPPORT



## Triage to SP

- SOTYKTU 360 SUPPORT will call your patient to initiate a warm transfer of their Rx to the SP
- Patients can sign up for the SOTYKTU \$0 Co-Pay Assistance Program\* if they did not enroll via the Start Form by calling **1-888-SOTYKTU (768-9588)** or by visiting [www.SOTYKTU.com](http://www.SOTYKTU.com)
- If a preferred SP is indicated on the Start Form, SOTYKTU 360 SUPPORT will triage your patient to them
- The SP will reach out to schedule your patient's shipment

\*Please see Terms and Conditions on page 3 and at [SOTYKTU.com/terms-conditions](http://SOTYKTU.com/terms-conditions)

The accurate completion of reimbursement or coverage-related documentation is the responsibility of the healthcare provider and the patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

**SOTYKTU**<sup>TM</sup>  
(deucravacitinib) 6 mg tablets



## Dedicated Team Members to Your Office

### SOTYKTU Support Coordinators:

- Help with access, benefits investigations, enrollment, and specialty pharmacy coordination
- Can be reached at **1-888-SOTYKTU (768-9588)**

### Access & Reimbursement Managers (ARMs):

- Help to educate your office after a prescribing decision has been made
- Are here to help answer questions regarding access and reimbursement
- Share knowledge regarding your local access landscape
- Provide SOTYKTU access and reimbursement information, including local insurance coverage

SOTYKTU **360** SUPPORT  
Your circle of support

The SOTYKTU Bridge Program is available at no cost for eligible, commercially insured, on-label-diagnosed patients and whose prior authorization is denied or delayed, and is not contingent on any purchase requirement, for up to 36 months (dispensed in 30-day prescriptions). The prescriber has certified that therapy with SOTYKTU is medically necessary for this patient and will be supervising the patient's treatment accordingly. The SOTYKTU Bridge Program is not available to patients who have prescription insurance coverage through Medicare, Medicaid, or any other federal or state program. Appeal of any prior authorization denial must be made within 90 days or as per payer guidelines, to remain in the Program. Eligibility will be re-verified on a rolling 12-month basis from the patient's first shipment date, and may be re-verified at other times during Program participation. Offer is not health insurance, and may be modified or discontinued at any time without notice. Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible. Other limitations may apply. See the full terms and conditions on page 4 of the Start Form or at [SOTYKTU.com/terms-conditions](https://www.sotyktu.com/terms-conditions).

The SOTYKTU Free Trial Offer is available for new patients who have not previously received a sample or filled a prescription for SOTYKTU. Patients must have a valid 30-day prescription for SOTYKTU for an on-label indication. Patients must be 18 years of age or older and residents of the United States or a U.S. territory. See the full terms and conditions on page 4 of the Start Form or at [SOTYKTU.com/terms-conditions](https://www.sotyktu.com/terms-conditions).

 Bristol Myers Squibb®

SOTYKTU, SOTYKTU 360 SUPPORT, and the SOTYKTU logo are trademarks of Bristol-Myers Squibb Company.

©2023 Bristol-Myers Squibb Company.

©2023 CoverMyMeds is a registered trademark of CoverMyMeds LLC. 1787-US-2300854 11/23

SOTYKTU™  
(deucravacitinib) 6 mg  
tablets