[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: Letter of Appeal for SOTYKTUTM (deucravacitinib)

Dear [Medical/Pharmacy Director Name],

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

I believe that this patient should be started on SOTYKTU. Below is the rationale for my appeal in order to prescribe SOTYKTU, based on my patient’s condition and medical history. [Please also see attached documents to further support my treatment rationale.]

SOTYKTU is the 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

[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) for plaque psoriasis, duration, patient’s response, and reason(s) for discontinuation, if applicable]

This is my [level of request] prior authorization appeal. A copy of the [level of denial] denial letter is included along with medical notes in response to the denial.

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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