Deucravacitinib (Sotyktu)

What is Deucravacitinib? (Sotyktu?)

Deucravacitinib, (also referred to by its brand name Sotyktu) is a medication that is used to treat moderate to severe psoriasis.

Deucravacitinib belongs to a class of medication known as tyrosine kinase 2 (TYK2) inhibitors, a member of the Janus kinase (JAK) family. TYK2 is an enzyme responsible for causing inflammation in the body. This enzyme is part of a pathway in the body's immune response system. TYK2 inhibitors block the function of these enzymes, with the goal being to reduce or prevent inflammation – and in the treatment of psoriasis to reduce or prevent the symptoms of psoriasis. Deucravacitinib may be referred to as a 'small molecule' therapy. It is available as a tablet that can be taken orally (swallowed) once a day.

You can read more about who Deucravacitinib is suitable for in the 'Who is it for?' section on this sheet.

How does Deucravacitinib (Sotyktu) work?

Psoriasis occurs as a result of your immune system becoming overactive. When the immune system is overactive, parts of it send too many inflammatory signals. These inflammatory signals cause the symptoms of psoriasis to appear. Deucravacitinib works by blocking the activity of an enzyme called TYK2 which is involved in the process of inflammation. Enzymes are proteins that speed up chemical reactions. By reducing the activity of this enzyme, Deucravacitinib can help to control the inflammation associated with psoriasis and reduce the symptoms associated with it.

Who is Deucravacitinib (Sotyktu) for?

Deucravacitinib is for adults with moderate to severe psoriasis who have not had a good response from or cannot take or tolerate other systemic treatments including methotrexate, ciclosporin, or phototherapy (PUVA or Narrowband UVB). You will usually need to have tried these treatments before you can be offered Deucravacitinib. If you have tried these treatments but they did not work, Deucravacitinib might be an option for you.

How is Deucravacitinib (Sotyktu) used?

Deucravacitinib is a tablet that should be swallowed whole once a day. The tablet can be taken either with or without food and should be swallowed whole and not crushed, cut or chewed. People taking Deucravacitinib may have regular blood tests every three to six months – usually

carried out by Dermatology nurses, or by their own GP, to monitor for infections or other possible effects of the treatment. The blood tests will look at things like your blood count, kidney and liver function. Before starting treatment, you will also have your cholesterol and triglyceride (a type of fat in your blood) levels checked.

Who should not take Deucravacitinib (Sotyktu)?

- People with active infections should not start Deucravacitinib. You will be tested to check for infections before starting treatment.
- Do speak with your Dermatologist before taking Deucravacitinib if you are pregnant or planning on becoming pregnant. As Deucravacitinib is a new treatment for psoriasis we do not have a lot of information about its use in pregnancy or its effect on fertility. As a precautionary measure, it is preferable to avoid the use of Deucravacitinib during pregnancy.
- Likewise, a risk to newborns from breastfeeding cannot be excluded so a decision must be made whether to discontinue breast-feeding or to discontinue / abstain from Deucravacitinib taking into account the benefit of breastfeeding for the child and the benefit of treatment for the woman.
- Deucravacitinib contains lactose and so if you are lactose intolerant, do tell your Dermatologist.
- Deucravacitinib is not suitable for use in children.
- People who are taking other medications that suppress the immune system.

What are the side effects of Deucravacitinib (Sotyktu)?

As with all medications, some side effects are possible when taking Deucravacitinib. It is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed.

Many side effects of Deucravacitinib are mild and do not cause most people to stop taking it. Deucravacitinib is a new treatment and, as such, this side effect data comes mostly from clinical trials, but will be updated as more 'real-world' experience with the treatment is collected.

The most common side effects of Deucravacitinib are upper respiratory tract infections with symptoms such as a sore throat and a stuffy nose. Other common side effects include sores in the mouth (including viral infections such as cold sores), acne-like rashes (folliculitis) and an increase in the level of an enzyme in your blood called creatinine phosphokinase (CPK). Rare side effects may include shingles.

We do not have enough information to know if treatment with Deucravacitinib is linked with an increased risk of cancer, including skin cancer. You should protect yourself from too much

sunlight exposure by not sunbathing, wearing suitable clothing such as long sleeves and a sunhat and using sunscreens with a sun protection factor (SPF) of at least 30.

Although side effects are possible with this, and any treatment, it is important to remember that people taking Deucravacitinib have regular blood tests to check for health issues. If you are worried about the side effects of Deucravacitinib, you should discuss these with your Dermatologist or Dermatology Nurse.

Can I have immunisations (vaccinations) whilst on Deucravacitinib (Sotyktu)?

'Live' vaccines including the nasal flu vaccine should be avoided before taking or whilst taking Deucravacitinib. However, vaccines such as those offering protection against COVID, the injectable flu vaccine and pneumococcal pneumonia are fine to have. Check with a doctor, nurse or pharmacist before having any vaccinations or taking other medications if you are unsure and make them aware you are using Deucravacitinib to treat psoriasis.

How long will Deucravacitinib (Sotyktu) take to work?

Some people will see an improvement in their psoriasis symptoms within the first few weeks of taking Deucravacitinib. For others, the improvement may be more gradual over the first 6 months. The response of your psoriasis to the treatment will be reviewed between 16 and 24 weeks after starting Deucravacitinib. If considerable improvement is not seen in 24 weeks, treatment with Deucravacitinib will likely be stopped and an alternative considered.

If this happens, try not to worry. A Dermatologist should discuss the next available options with you and there are a number of other biologic or systemic treatments that can be tried if Deucravacitinib does not work.

How do I get Deucravacitinib (Sotyktu)?

Deucravacitinib can only be prescribed by a Dermatologist who is responsible for your psoriasis care.

Points of Note

Unlike some other table treatments for psoriasis, such as Methotrexate, or Acitretin, there is no requirement to restrict alcohol use when taking Deucravacitinib. However, it is sensible to follow current NHS Guidance on safe alcohol limits.

You should inform your GP that you are taking Deucravacitinib, as it may interfere with other medications and supplements. It is not recommended to take other medications that suppress the immune system alongside Deucravacitinib.

How safe and effective is Deucravacitinib (Sotyktu)?

Deucravacitinib is a new medication that was approved for use via the NHS to treat psoriasis in England and Wales in June 2023 and Scotland in December 2023. 'Real-world' (i.e. non-clinical trial) safety and effectiveness data is being collected by a long-running study, the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR).

It is recommended that all people taking biologic or small molecule treatments for their psoriasis should be asked for their information to be included in this register. For more information on BADBIR, please see the website: www.badbir.org

The information in this resource is not intended to replace that of a healthcare professional: if you have any concerns or questions about your treatment, do discuss this with your doctor and always read the patient information leaflet to make sure you are using them correctly. For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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