

PATIENT INFORMATION LEAFLET

DEUCRAVACITINIB



WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about deucravacitinib. It tells you what it is, how it works, how it is used to treat skin conditions, and where you can find out more about it.

WHAT IS DEUCRAVACITINIB AND HOW DOES IT WORK?

Deucravacitinib belongs to a group of medications called tyrosine kinase 2 inhibitors (TYK2 inhibitors). These drugs are designed to target specific pathways in the body involved in inflammation, particularly in conditions like [psoriasis](#).

It works by blocking a crucial chemical messenger within the pathways of inflammation that are active in psoriasis. By doing so, it effectively dampens down the immune system's response, helping to reduce the symptoms associated with psoriasis.

WHAT SKIN CONDITIONS ARE TREATED WITH DEUCRAVACITINIB?

Deucravacitinib can be used to treat moderate to severe plaque [psoriasis](#) in adults whose

- Psoriasis Area and Severity Index (PASI) score is 10 or higher.
- Dermatology Life Quality Index (DLQI) score is higher than 10.

This treatment is considered when other treatments like [ciclosporin](#), [methotrexate](#), or phototherapy have not worked for you, or if you cannot use them because of medical reasons or side effects.

WILL DEUCRAVACITINIB CURE MY SKIN CONDITION?

Deucravacitinib will not cure your skin condition, but its aim is to control your symptoms and improve your quality of life.

HOW OFTEN SHOULD I USE/TAKE DEUCRAVACITINIB?

Deucravacitinib is a tablet taken by mouth once daily with or without food. The recommended dosage of deucravacitinib is 6 mg (one 6 mg tablet). Do not crush, cut, or chew the tablets.

HOW LONG WILL I NEED TO TAKE DEUCRAVACITINIB BEFORE I SEE AN EFFECT?

For some individuals, their psoriasis can improve within the first few weeks of treatment. Others may experience a more gradual and continued improvement over the first 6 months. Treatment may be discontinued if their psoriasis does not improve enough after 16 to 24 weeks.

WHAT ARE THE COMMON SIDE EFFECTS OF DEUCRAVACITINIB?

Side effects that are very common, possibly affecting more than 1 in 10 patients, include upper respiratory tract infections, which can cause symptoms like a sore throat and stuffy nose. Common side effects, affecting up to 1 in 10 patients, include viral infections of the mouth like cold sores, an increase in the level of an enzyme called creatine kinase (CK) in your blood, sores in the mouth, acne-like rashes, and inflammation of hair follicles. Less common side effects, affecting up to 1 in 100 patients, are shingles (herpes zoster).

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 (e.g. long sleeves and sunhat) and using sunscreens with a sun protection factor (SPF) of at least 30 and a star rating of at least 4. Please visit

<https://www.skinhealthinfo.org.uk/sun-awareness/> for further advice on how to protect your skin from the sun. If you detect any new swellings or lumps, or changes in your skin, which last more than two weeks, you should inform your doctor as soon as. You are also encouraged to take part in any *National Health screening programmes* at the routine time points recommended.

If you detect any new swellings or lumps, or changes in your skin, which last more than two weeks, you should inform your doctor as soon as possible.

WHAT ARE THE RARE SIDE EFFECTS OF DEUCRAVACITINIB?

Rare side effects include [shingles](#) (*herpes zoster*).

HOW WILL I BE MONITORED FOR THE SIDE EFFECTS OF DEUCRAVACITINIB TREATMENT?

Before you start taking deucravacitinib, you will have a consultation with your dermatologist. You will be asked about any current or past infections (such as human immunodeficiency virus (HIV) infection, viral hepatitis, tuberculosis, frequent [cold sores](#), and [shingles](#)), and blood tests for some of these will be performed before starting. It is important to tell your dermatologist if you are or planning to become pregnant and if you are breastfeeding.

While you are using deucravacitinib, your doctor will regularly check your blood through tests. They will look at things like your blood count, kidney and liver function. Before you start taking deucravacitinib, they will also check your cholesterol and triglyceride levels. They might do these tests again a few months after you begin treatment.

CAN I HAVE IMMUNISATIONS (VACCINATIONS) WHILST ON DEUCRAVACITINIB?

If you are taking deucravacitinib, avoid getting live vaccines like the ones for polio, rubella (German measles), and yellow fever. It is safe to have vaccines against infections such as COVID, pneumococcal pneumonia and the flu.

You should always check with your healthcare professional when having a vaccination and make them aware that you are on deucravacitinib. (For further information on immunisations for patients on immune-suppressing medicines, please see the patient information leaflet [here](#)).

DOES DEUCRAVACITINIB AFFECT PREGNANCY, LACTATION OR FERTILITY?

Pregnancy: We do not have a lot of information about using deucravacitinib during pregnancy. Studies on animals did not show any direct or indirect harmful effects on reproduction. But to be safe, it is better not to use deucravacitinib if you are pregnant.

Breastfeeding: We are not sure if deucravacitinib or its byproducts are passed into human breast milk. Animal studies have shown that deucravacitinib can be passed into milk. There might be a risk to babies if you breastfeed while taking deucravacitinib. You and your doctor need to decide if you should stop breastfeeding or stop taking deucravacitinib, considering what is best for your baby and your treatment.

Fertility: We do not know how deucravacitinib affects human fertility because it has not been studied. Animal studies did not show any direct or indirect harmful effects on fertility.

MAY I DRINK ALCOHOL WHILE TAKING DEUCRAVACITINIB?

Alcohol may be consumed during treatment with deucravacitinib.



Please follow the latest national advice on alcohol to keep any health risks low. (<https://www.nhs.uk/Live-well/alcohol-advice/calculating-alcohol-units/>).

CAN I TAKE OTHER MEDICINES AT THE SAME TIME AS DEUCRAVACITINIB?

Before you start treatment with deucravacitinib, please let your dermatologist know of the medicines you are taking, including prescribed and over-the-counter vitamins, supplements or herbal treatments. After starting deucravacitinib, you should let any doctor treating you know that you are taking this medication.

Taking other medicines that suppress the immune system together with deucravacitinib has not been studied, and it is currently not recommended.

WHERE CAN I GET MORE INFORMATION ABOUT DEUCRAVACITINIB?

You should speak to your prescribing doctor or pharmacist if you want to know more about treatment with deucravacitinib.

There is also a drug information sheet that is provided as an insert in the packaging of the medication. It can also be obtained online at:

<https://www.medicines.org.uk/emc/product/14871/pil#about-medicine>

It is important to report suspected side effects of medicines. The Medicines and Healthcare products Regulatory Agency (MHRA) manages the Yellow Card scheme. This scheme collects information and safety concerns about medicines and medical devices. Anyone can report these side effects or concerns by using:

- the Yellow Card website www.mhra.gov.uk/yellowcard or
- the Yellow Card app

Jargon Buster:

<https://www.skinhealthinfo.org.uk/support-resources/jargon-buster/>

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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