

**DEUCRAVACITINIB tablets (Sotyktu® ▼)  
for treating moderate to severe plaque psoriasis**

**The Cheshire and Merseyside Area Prescribing Group recommends the prescribing of DEUCRAVACITINIB tablets (Sotyktu® ▼), by specialists only, for treating moderate to severe plaque psoriasis in adults in accordance with NICE TA907.**

**RED**

[NICE technology appraisal \(TA\) 907](#) (28 June 2023) recommends deucravacitinib as an option for treating moderate to severe plaque psoriasis in adults, only if:

- > the Psoriasis Area and Severity Index (PASI) score is 10 or more and the Dermatology Life Quality Index (DLQI) score is more than 10
- > the condition has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated
- > the company provides deucravacitinib according to the commercial arrangement.<sup>[1]</sup>

Consider stopping deucravacitinib between 16 weeks and 24 weeks if there has not been at least a 50% reduction in the PASI score (PASI 50) from when treatment started.<sup>[1]</sup>

Consider stopping deucravacitinib at 24 weeks if the psoriasis has not responded adequately. An adequate response is defined as:

- > a 75% reduction in the PASI score (PASI 75) from when treatment started or
- > a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started.<sup>[1]</sup>

**Deucravacitinib must be initiated by a dermatology specialist. Prescribing and monitoring must be retained by the specialist.**

If people with moderate to severe plaque psoriasis and their clinicians consider deucravacitinib to be one of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used, taking account of administration costs, dosage, price per dose and commercial arrangements.<sup>[1]</sup>

NICE expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population). This is because deucravacitinib is a further treatment option and the overall cost of treatment for this patient group will be similar.<sup>[2]</sup>

## References

1. National Institute for Health and Care Excellence. Technology Appraisal 907; [Deucravacitinib for treating moderate to severe plaque psoriasis](#), 28 June 2023. Accessed 03 July 2023.
2. National Institute for Health and Care Excellence. Technology Appraisal 907; [Resource impact statement: Deucravacitinib for treating moderate to severe plaque psoriasis](#), 28 June 2023. Accessed 03 July 2023.

**Note:** Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.