Deucravacitinib (SOTYKTU) in Psoriatic Arthritis
Criteria for Use
June 2026

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for deucravacitinib in psoriatic arthritis.

- ☐ Active or serious infection; however, deucravacitinib may be started/restarted once treatment for the infection is initiated.
- ☐ Untreated latent or active tuberculosis infection.
- ☐ Hepatitis B surface antigen (HBsAg)-positive and not on antiviral prophylaxis.^1 Deucravacitinib may be initiated after starting antiviral prophylaxis.^1 (Consider hepatitis B virus [HBV] screening. Safety is unknown in patients with current or past HBV infection.)
- ☐ Untreated active hepatitis C. (Consider hepatitis C virus screening. Safety is unknown in patients with current or past hepatitis C infection.)
- ☐ Untreated HIV infection. Treated, well-controlled, asymptomatic HIV-positive patients can be treated with deucravacitinib. (Safety of this drug is unknown in patients with HIV seropositivity.)
- ☐ Malignancy within the previous 5 years other than successfully treated nonmelanoma skin cancer or successfully treated cervical cancer, unless the treating rheumatologist or dermatologist and oncologist agree that risk-benefits favor using the drug.
- ☐ Severe hepatic impairment (Child-Pugh C).
- ☐ Markedly elevated creatine phosphokinase or suspected current or recent history (within 12 months) of rhabdomyolysis
- ☐ Untreated hypertriglyceridemia
- ☐ Concomitant live or live-attenuated vaccines or administration of non-live or live vaccines less than 2 weeks before initiation of deucravacitinib.^2
- ☐ Concomitant use of other potent immunosuppressants (e.g., biologics, JAK inhibitors, cyclosporine, azathioprine).

Inclusion Criteria

ALL the following must be selected to meet criteria.

- ☐ Prescribed and monitored by a VA/VA Community Care rheumatologist, dermatologist, or locally designated expert.
- ☐ Has **inflammatory articular disease** (joint, spine, and/or entheseal) and a definite or provisional diagnosis of **psoriatic arthritis**.
- ☐ History of or **active plaque psoriasis**
- ☐ Completed tuberculosis (TB) test using tuberculin skin test or interferon-gamma release assay (IGRA).^3
- ☐ Completed hepatitis B screening (at minimum, HBsAg, total antibody-to-hepatitis-B-core-antigen [anti-HBc], and hepatitis B surface antibody [anti-HBs]) or documentation that screening was considered and deemed unnecessary.^4
- ☐ Offered all age-appropriate vaccinations prior to initiating therapy, including prophylactic herpes zoster vaccination.^2
- ☐ Completed liver enzyme tests.
- ☐ A **conventional synthetic immunomodulator** (csIMM; e.g., methotrexate) or **TNF inhibitor** is medically inadvisable, not tolerated, or inadequate.^5
- ☐ An **IL-17 inhibitor or JAK inhibitor** is medically inadvisable, not tolerated, or inadequate.^5
- ☐ An **IL-12/23 inhibitor or IL-23 inhibitor** is medically inadvisable, not tolerated, or inadequate.^5
- ☐ **Apremilast** is medically inadvisable, not tolerated, or inadequate.^5

Additional Inclusion Criteria

Select if applicable.

- ☐ If HBsAg-negative but total anti-HBc-positive and patient's practitioner deems consult is indicated, a GI/liver or ID expert has been (e-)consulted for advice on whether to start antiviral prophylaxis or to preemptively monitor for HBV reactivation.
- ☐ For females who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy
- ☐ For females who are lactating/providing breastmilk to an infant or planning to do so: Counseling provided on potential risks vs benefits of treatment.

Abbreviations: ID, infectious diseases

See footnote 6 for treatment sequencing in psoriatic arthritis.

Other Justification

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Footnotes

1 Antiviral prophylaxis for HBV: Agents with high genetic barrier to resistance such as entecavir or tenofovir should be used.

2 When possible, vaccinations should be updated before the patient initiates deucravacitinib. Unless contraindicated, recombinant zoster (SHINGRIX) vaccine should be completed or at least initiated by the end of the first year of treatment with deucravacitinib, preferably when dosage is low, disease is stable, or at other times when a robust immune response to vaccination can be expected.

3 Routine retesting is not required for prescription renewals. Consider retesting in patients at risk.

4 Patients with positive screening tests for hepatitis B or C, or chronic hepatitis B, or untreated hepatitis C were excluded from clinical trials or closely monitored for evidence of reactivation.

5 Applies to new starts only. Patients on treatment who are stable (responded to induction and/or controlled on maintenance therapy) should not be switched to a criteria-required prior treatment for nonmedical reasons.

6 Treatment sequencing in active psoriatic arthritis (1L = First-line, 2L = Second-line, etc.):

1L **csIMM** (for predominantly peripheral arthritis, no axial disease, no severe psoriasis, no inflammatory bowel disease (IBD)/uveitis) or **TNFi**

2L **IL-17i** (ixekizumab preferred; may prefer over TNFi if concomitant psoriasis is severe) or **JAKi**

3L **IL-12/23i** (not for axial disease) or **IL-23i** (not for axial disease; may prefer over IL-12/23i if concomitant psoriasis is severe)

4L **Abatacept** (not for axial disease)

Other: **Apremilast, Deucravacitinib**

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