Tolerability and Efficacy of Deucravacitinib in the Treatment of Refractory Psoriasis

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ABSTRACT

Background: Psoriasis is a chronic, relapsing inflammatory disorder associated with significant physical and psychosocial burden. Despite multiple therapeutic options, a subset of patients remains refractory to conventional systemic therapies. Aim of the study: To evaluate the efficacy and tolerability of Deucravacitinib in patients with refractory moderate-to-severe psoriasis in a real-world clinical setting. **Methods & Materials**: This prospective observational study included 80 adult patients with refractory psoriasis treated with oral Deucravacitinib 6 mg once daily for 24 weeks. Clinical assessments were performed at baseline, week 4, week 12, and week 24 using PASI, BSA, sPGA, DLQI, and pruritus VAS scores. Safety evaluation included clinical monitoring and laboratory investigations. Data were analyzed using SPSS version 26.0, and statistical significance was set at $p<0.05$. **Result**: A progressive and significant improvement in all clinical parameters was observed over the treatment period. At week 24, PASI 75 and PASI 90 responses were achieved in a majority of patients, with a marked reduction in mean PASI score from 22.9 ± 6.7 to 6.3 ± 3.9. Significant improvements were also noted in BSA involvement, DLQI, and pruritus scores ($p<0.001$ for all). Overall, 73.75% of patients achieved a good to excellent response. The most common adverse events were mild upper respiratory infections and nasopharyngitis, with low rates of treatment discontinuation. **Conclusion**: Deucravacitinib demonstrated significant clinical efficacy and favorable tolerability in refractory psoriasis. It resulted in substantial disease control and improved quality of life with an acceptable safety profile. These findings support its role as a promising oral targeted therapy for difficult-to-treat psoriasis. Larger long-term studies are recommended to confirm durability and safety.

Keywords: *Psoriasis, Deucravacitinib, TYK2 inhibitor, PASI, refractory psoriasis*

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INTRODUCTION

Psoriasis is a chronic, noncommunicable, painful, disfiguring and disabling disease for which there is no cure and has a great negative impact on patients' quality of life (QoL). It can occur at any age, and is most common in the age group 50-69 [1]. There is significant global epidemiological variation across regions and populations, driven by factors such as environment, climate, health behaviors, genetics, and socio-demographic conditions. [2,3]. Psoriasis affects an estimated 60 million people globally, representing a significant worldwide health burden [4]. In Bangladesh, the prevalence rate of psoriasis is 0.7% [5]. The pathogenesis of the disease is associated with complex immune responses, in particular, with the interleukin (IL)-23/IL-17 axis and intracellular Janus kinase-signal transducer and activator of transcription (JAK-STAT) pathways [6]. One of them, tyrosine kinase 2 (TYK2), is crucial in mediating cytokine signaling associated with psoriasis pathogenesis [7]. Deucravacitinib is a new oral selective TYK2 inhibitor, which binds to the regulatory domain of the enzyme, and thereby modulates the inflammatory signaling, without generally inhibiting other JAK pathways [8]. This selective mechanism differentiates it from conventional JAK inhibitors and is associated with a potentially improved safety profile [9]. Although significant progress has been made in the treatment of psoriasis and the ability of biologics to provide near-complete skin clearance and a better quality of life, there is still a group of patients who are refractory to a variety of systemic therapies [10]. Clinical trials and real-life studies have shown that deucravacitinib offers significant clinical benefits in moderate-to-severe psoriasis, including higher rates of Psoriasis Area and Severity Index (PASI) response and greater physician global assessment results [11]. Oral biologic formulations are more convenient than injectables while offering comparable efficacy in clinical trials [12]. Moreover, its selective inhibition lowers the activity of major cytokines, including IL-23 and interferons, and thus regulates the disease progression with comparatively fewer systemic adverse effects [13]. The therapeutic impact of deucravacitinib is relevant because it fills the therapeutic void between traditional systemic therapies and biologic therapies, and provides a targeted oral alternative with an excellent safety profile [11,13]. Its orally and selectively administered action makes it especially applicable in the context where the use of biologic therapies may be limited. Psoriasis is a chronic, disabling disease that is hard to manage in moderate-to-severe cases due to cost, limited access, and biologic resistance [14]. In Bangladesh, limited data create a major evidence gap. Deucravacitinib, a novel oral TYK2 inhibitor, has shown promising trial results, but its real-world efficacy and safety need further evaluation to guide clinical practice. The objective of the study was to evaluate the efficacy and safety of deucravacitinib in moderate-to-severe psoriasis, focusing on treatment response, improvements in PASI and physician global assessment, and tolerability in a real-world setting.

METHODS & MATERIALS

This prospective observational study was conducted in the Department of Department of Dermatology and Venereology, Enam Medical College and Hospital, Dhaka, Bangladesh from January 2024 to December 2025. A total of 80 patients with refractory psoriasis were enrolled consecutively according to predefined inclusion and exclusion criteria.

Inclusion Criteria:

- Patients aged ≥18 years
- Clinically diagnosed moderate-to-severe psoriasis
- Baseline Psoriasis Area and Severity Index (PASI) score ≥10
- Inadequate response to at least one conventional systemic therapy or phototherapy

Exclusion Criteria:

- Pregnant or lactating women
- Active severe infection or immunocompromised condition
- History of malignancy
- Severe hepatic or renal impairment
- Previous hypersensitivity to deucravacitinib
- Patients lost to follow-up during the study period

Ethical Considerations

The study protocol was reviewed and approved by the institutional ethics committee of the study center. Informed written consent was obtained from all participants prior to inclusion in the study, and all patient-related information was kept confidential throughout the research process.

Treatment Protocol

All enrolled patients received oral deucravacitinib at a standard dose of 6 mg once daily for 24 weeks. Patients were assessed clinically at baseline, week 4, week 12, and week 24.

Data Collection

At baseline, detailed demographic and clinical information was collected through patient interviews, medical record review, and physical examination. Data included age, gender, smoking history, family history of psoriasis, duration of disease, and previous treatment history. Baseline disease severity was assessed using the Psoriasis Area and Severity Index (PASI), body surface area (BSA) involvement, static Physician's Global Assessment (sPGA), Dermatology Life Quality Index (DLQI), and pruritus visual analog scale (VAS). Laboratory investigations including complete blood count, liver function tests, renal function tests, fasting blood glucose, lipid profile, and screening for hepatitis B, hepatitis C, and tuberculosis were performed before initiation of therapy.

Patients were started on oral deucravacitinib 6 mg once daily and were instructed regarding medication adherence and follow-up schedules. Follow-up evaluations were conducted at week 4, week 12, and week 24 after treatment initiation. During each follow-up visit, clinical response was assessed by measuring PASI score, BSA involvement, sPGA status, DLQI score, and pruritus VAS score. Treatment efficacy was evaluated based on achievement of PASI 50, PASI 75, and PASI 90 responses. Patients were also monitored for adverse events. All collected data were recorded in a structured case record form and later entered into a secured database for statistical analysis. Continuous monitoring was maintained to ensure data accuracy, patient safety, and adherence to study protocol.

Statistical Analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 26.0. Continuous variables were expressed as mean ± standard deviation (SD). Categorical variables were presented as frequency and percentage. Changes in clinical parameters over time were analyzed using paired t-test. A p-value of <0.05 was considered statistically significant.

RESULT

The mean age was 42.6±11.8 years. Patients aged 31-40 years constituted 30.00% of the group, followed by 41-50 years (27.50%), 18-30 years (22.50%), and >50 years (20.00%). Male participants represented 65.00%, whereas females accounted for 35.00%. Smoking was reported in 38.75% of patients, and 32.50% had a positive family history of psoriasis (*Table I*).

Table I
Baseline characteristics of study participants (*n*=80).

Variable	Frequency (n)	Percentage (%)
Age group (years)		
18–30	18	22.50
31–40	24	30.00
41–50	22	27.50
>50	16	20.00
Mean age ± SD	42.6 ± 11.8	
Gender		
Male	52	65.00
Female	28	35.00
Smoking status		
Smoker	31	38.75
Non-smoker	49	61.25
Family history of psoriasis		
Present	26	32.50
Absent	54	67.50

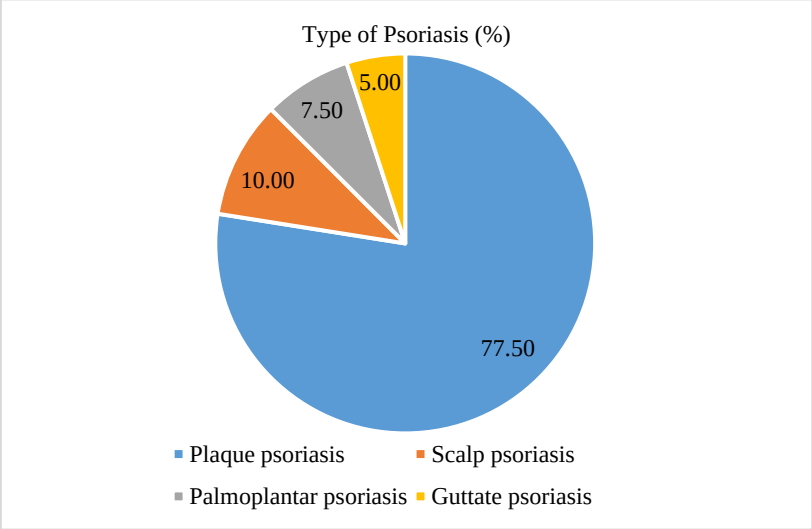

Figure 1 Type of psoriasis among participants (*n*=80).

Figure 1 illustrates that plaque psoriasis was the most common subtype, observed in 77.50% of patients, followed by scalp psoriasis in 10.00%, palmoplantar psoriasis in 7.50%, and guttate psoriasis in 5.00% of cases.

The mean disease duration was 8.4±4.9 years; 46.25% had a disease duration of 5-10 years, while 30.00% had a disease duration >10 years. Prior systemic therapy included methotrexate in 80.00%, cyclosporine in 36.25%, phototherapy in 26.25%, acitretin in 22.50%, and biologic agents in 13.75%. Baseline PASI mean score was 22.9±6.7, with 43.75% of patients having PASI 21-30, 41.25% having PASI 10-20, and 15.0 0% having PASI >30 (*Table II*).

Table II
Baseline clinical characteristics of refractory psoriasis patients (*n*=80).

Variable	Frequency (n)	Percentage (%)
Duration of disease (years)		
<5	19	23.75
5–10	37	46.25
>10	24	30.00
Mean duration ± SD	8.4 ± 4.9	
Previous systemic therapy		
Methotrexate	64	80.00
Cyclosporine	29	36.25
Acitretin	18	22.50
Biologic agents	11	13.75
Phototherapy	21	26.25
Baseline PASI score		
10–20	33	41.25
21–30	35	43.75
>30	12	15.00
Mean PASI ± SD	22.9 ± 6.7	

PASI 50 response increased from 35.0% at week 4 to 72.50% at week 12 and 83.75% at week 24. PASI 75 response rose from 15.0% to 51.25% and 70.0%, while PASI 90 response increased from 3.75% to 22.50% and 38.75%, respectively. Achievement of sPGA 0/1 improved from 11.25% at week 4 to 42.50% at week 12 and 61.25% at week 24. DLQI improvement of ≥5 points was observed in 30.0%, 65.0%, and 78.75% at weeks 4, 12, and 24, respectively (*Table III*).

Table III
Clinical response to deucravacitinib therapy during follow-up (*n*=80).

Outcome Measure	Week 4, n (%)	Week 12, n (%)	Week 24, n (%)
PASI 50 response	28 (35.0)	58 (72.50)	67 (83.75)
PASI 75 response	12 (15.0)	41 (51.25)	56 (70.0)
PASI 90 response	3 (3.75)	18 (22.50)	31 (38.75)
sPGA 0/1	9 (11.25)	34 (42.50)	49 (61.25)
DLQI improvement ≥5 points	24 (30.0)	52 (65.0)	63 (78.75)

Mean PASI score declined from 22.9±6.7 to 11.2±4.8 and 6.3±3.9. Mean body surface area involvement decreased from 24.5±9.3% to 13.6±6.5% and 7.8±4.1%, while DLQI score improved from 18.2±5.6 to 9.7±4.3 and 5.4±3.1. Pruritus VAS score also decreased from 7.9±1.5 at baseline to 4.2±1.8 at week 12 and 2.3±1.2 at week 24. All analyses were statistically significant (*Table IV*).

Table IV
Change in mean clinical parameters following treatment.

Parameter	Baseline, Mean ± SD	Week 12, Mean ± SD	Week 24, Mean ± SD	p-value
PASI score	22.9 ± 6.7	11.2 ± 4.8	6.3 ± 3.9	<0.001
Body Surface Area involvement (%)	24.5 ± 9.3	13.6 ± 6.5	7.8 ± 4.1	<0.001
DLQI score	18.2 ± 5.6	9.7 ± 4.3	5.4 ± 3.1	<0.001
Pruritus VAS score	7.9 ± 1.5	4.2 ± 1.8	2.3 ± 1.2	<0.001

Nasopharyngitis (17.50%) was the most common adverse event, followed by upper respiratory tract infection (13.75%) and headache (11.25%). Acneiform eruption, nausea, and mild diarrhea were reported in 8.75%, 7.50%, and 6.25% of patients, respectively. Elevated liver enzymes occurred in 3.75%, herpes zoster in 1.25%, serious adverse events in 2.50%, and treatment discontinuation in 5.00% of cases (*Table V*).

Table V
Adverse effects observed during deucravacitinib therapy (*n*=80).

Adverse Event	Frequency (n)	Percentage (%)
Nasopharyngitis	14	17.50
Upper respiratory tract infection	11	13.75
Headache	9	11.25
Acneiform eruption	7	8.75
Nausea	6	7.50
Mild diarrhea	5	6.25
Elevated liver enzymes	3	3.75
Herpes zoster	1	1.25
Serious adverse events	2	2.50
Treatment discontinuation due to adverse events	4	5.00

Table VI represents that, at week 24, an excellent response (PASI ≥90) was achieved in 40.00%, a good response (PASI 75-89) in 33.75%, a moderate response in 15.00%, and a poor response in 11.25% of patients.

Table VI
Overall treatment outcome at 24 weeks among study patients (*n*=80).

Treatment Outcome	Frequency (n)	Percentage (%)
Excellent response (PASI ≥90)	32	40.00
Good response (PASI 75–89)	27	33.75
Moderate response (PASI 50–74)	12	15.00
Poor response (<PASI 50)	9	11.25

DISCUSSION

Refractory Psoriasis remains a significant therapeutic challenge due to its chronic relapsing course, multidimensional disease burden, and variable response to conventional systemic therapies, necessitating the development of targeted and better-tolerated treatment options such as Deucravacitinib [15]. The mean age of the study population was 42.6±11.8 years, and 65.00% of participants were male. Comparable age distribution and male predominance were also observed in the long-term extension analysis conducted by Strober et al., supporting that psoriasis requiring systemic therapy commonly affects middle-aged adults with slight male predominance [16]. Plaque psoriasis was the predominant clinical subtype in our study (77.50%), followed by scalp psoriasis (10.00%), palmoplantar psoriasis (7.50%), and guttate psoriasis (5.00%). These findings are consistent with epidemiological observations, where plaque psoriasis represents the major phenotype in approximately 70-90% of patients. A recent 52-week study by Hagino also demonstrated that plaque psoriasis with scalp and nail involvement constituted the majority of cases treated with deucravacitinib [17]. The baseline disease burden in our study was substantial, with a mean disease duration of 8.4±4.9 years and a mean PASI score of 22.9±6.7. Methotrexate exposure was present in 80.00% of patients, indicating prior treatment failure or inadequate response. Similar baseline PASI values were reported in the POETYK PSO clinical trials, where mean PASI scores ranged between 20 and 21 before treatment initiation [12]. While 26.25% of our patients had previously failed phototherapy, deucravacitinib provided an 83.75% PASI 50 response by Week 24. This matches with a similar study that demonstrates that oral TYK2 inhibition provides a more consistent response than UV-based therapies, which often show high variability based on skin phototype and adherence [18]. Marked clinical improvement was observed during follow-up. PASI 75 response increased from 15.0% at week 4 to 70.0% at week 24, while PASI 90 response increased from 3.75% to 38.75%. Likewise, the long-term extension study by Strober et al. demonstrated sustained PASI 75 and PASI 90 responses up to 3 years of therapy, confirming the durable efficacy of deucravacitinib [19]. Hagino further reported PASI 75 achievement in 86% and PASI 90 in 63% of patients at week 52, which parallels the progressive improvement observed in our study [17]. Our results indicate a progressive and significant clinical improvement, particularly between Week 12 and Week 24. Our observed sPGA 0/1 response of 42.50% at Week 12 is highly consistent with the pooled analysis of the POETYK trials, which showed a 49.5% sPGA 0/1 response [16]. This may be because 30% of our participants had a disease duration of >10 years, as chronic, recalcitrant disease can sometimes present a "ceiling effect" for oral small molecules compared to monoclonal antibodies. Our study found that 78.75% of patients achieved a DLQI improvement of ≥5 points by Week 24. This is slightly higher than the real-world data reported in European registries, where DLQI improvement was noted in roughly 72% of patients [18]. DLQI score decreased

from 18.2 ± 5.6 at baseline to 5.4 ± 3.1 at week 24, while pruritus VAS score declined from 7.9±1.5 to 2.3±1.2 ($p<0.001$). Similar improvements in DLQI and symptom burden were reported in randomized controlled studies evaluating TYK2 inhibition, where reductions in itch severity and patient-reported impairment closely paralleled PASI improvement [19]. The Pruritus VAS improvement (from 7.9 to 2.3) mirrors the findings in a Phase 2 dose-ranging study where pruritus showed the earliest and most significant drop among all symptoms [20]. This rapid relief is a hallmark of TYK2 inhibition that distinguishes it from older oral systemics. We observed significant improvements in the Dermatology Life Quality Index (DLQI), with 78.75% achieving improvement and mean scores dropping from 18.2 to 5.4 by week 24. This mirrors findings from a Phase 2 trial where skin improvement was closely matched by DLQI gains, with a large percentage of patients reaching a DLQI of 0/1 (no impact on life) even without complete skin clearance [21]. The adverse-event profile observed in our study was generally mild and consistent with previous literature. Nasopharyngitis (17.5%), upper respiratory tract infection (13.75%), and headache (11.25%) were the most frequent adverse effects. Similar safety findings were reported in the POETYK PSO-1 trial, where nasopharyngitis and upper respiratory infections were among the most common treatment-emergent adverse events [22]. In our study, serious adverse events occurred in only 2.5% of patients, and treatment discontinuation occurred in 5.0%, supporting the favorable tolerability of selective TYK2 inhibition. Another similar study reported no severe or life-threatening adverse effects during 52 weeks of therapy [23]. The safety data show that most AEs were mild, with a low discontinuation rate (5.00%). The occurrence of nasopharyngitis (17.5%) as the leading AE is the most consistent finding across all deucravacitinib literature, including a large-scale meta-analysis [24]. Compared to TNF-inhibitors, which carry a significant risk for serious infections and injection-site reactions, our deucravacitinib group showed a very low rate of Serious Adverse Events (2.5%), supporting its use as a safer or more convenient alternative for patients who are "needle-phobic" or have contraindications to biologics [25]. At week 24, 40.0% of patients achieved excellent response (PASI ≥90), while 33.75% demonstrated good response (PASI 75-89). These outcomes are consistent with emerging evidence suggesting that deucravacitinib provides sustained and clinically meaningful responses in moderate-to-severe psoriasis [26].

LIMITATIONS

- The study did not assess long-term laboratory abnormalities or rare adverse effects associated with prolonged Deucravacitinib use.
- Previous systemic therapies among participants were heterogeneous, which may have influenced treatment response.
- Economic factors, medication adherence, and patient satisfaction were not evaluated in this study.

CONCLUSION & RECOMMENDATIONS

Refractory Psoriasis continues to represent a challenging therapeutic condition with significant impact on quality of life and limited response to conventional systemic therapies. The present study demonstrated that treatment with Deucravacitinib produced marked clinical improvement in disease severity, symptom control, and dermatology-related quality of life, with an acceptable safety profile over the study period. These findings support its role as an effective oral targeted therapy for difficult-to-treat psoriasis. Further large-scale, multicenter, long-term studies are warranted to confirm sustained efficacy, safety, and real-world applicability.

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CONFLICT OF INTEREST

None declared

ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

REFERENCES

1. GBoDC N. Global burden of disease study 2010 (GBD 2010) results by cause 1990-2010. Seattle, United States: Institute for Health Metrics and Evaluation (IHME). 2012.
2. Xie W, Huang H, Deng X, Gao D, Zhang Z. Modifiable lifestyle and environmental factors associated with onset of psoriatic arthritis in patients with psoriasis: a systematic review and meta-analysis of observational studies. Journal of the American Academy of Dermatology. 2021 Mar 1;84(3):701-11.
3. Wu Q, Xu Z, Dan YL, Zhao CN, Mao YM, Liu LN, Pan HF. Seasonality and global public interest in psoriasis: an infodemiology study. Postgraduate medical journal. 2020 Mar;96(1133):139-43.
4. Raharja A, Mahil SK, Barker JN. Psoriasis: a brief overview. Clinical Medicine. 2021 May 1;21(3):170-3.
5. Bhuiyan MS, Sikder MS, Mahmud M, Nandy AK, Haque MM. Prevalence of psoriasis in Bangladesh: A community-based survey. Journal of Pakistan Association of Dermatologists. 2020 Aug 7;30(1):39-45.
6. Furtunescu AR, Georgescu SR, Tampa M, Matei C. Inhibition of the JAK-STAT Pathway in the Treatment of Psoriasis: A Review of the Literature. International journal of molecular sciences. 2024 Apr 25;25(9):4681.
7. Zhang Y, Jiang G. Application of JAK inhibitors in paradoxical reaction through immune-related dermatoses. Frontiers in Immunology. 2024 Feb 20;15:1341632.
8. Guo X, Tao MJ, Ji X, Han M, Shen Y, Hong C, Guo H, Shi W, Yuan H. Validation of TYK2 and exploration of PRSS36 as drug targets for psoriasis using Mendelian randomization. Scientific Reports. 2024 Oct 13;14(1):23902.
9. Martin A, Ibraheim MK, Gupta R, Wu JJ. Innovations in psoriasis. Dermatologic Clinics. 2025 Jan 1;43(1):1-9.
10. Loft N, Egeberg A, Rasmussen MK, Bryld LE, Nissen CV, Dam TN, Ajgeiy KK, Iversen L, Skov L. Prevalence and characterization of treatment-refractory psoriasis and super-responders to biologic treatment: a nationwide study. Journal of the European Academy of Dermatology and Venereology. 2022 Aug;36(8):1284-91.
11. Armstrong AW, Soliman AM, Gisondi P, Fang S, Patel M, Strober B. Matching-Adjusted Indirect Comparison of Risankizumab Versus Deucravacitinib in Patients with Moderate-to-Severe Plaque Psoriasis. Dermatology and Therapy. 2024 Nov;14(11):3071-81.
12. Armstrong AW, Gooderham M, Warren RB, Papp KA, Strober B, Thaçi D, Morita A, Szepietowski JC, Imafuku S, Colston E, Throup J. Deucravacitinib versus placebo and apremilast in moderate to severe plaque psoriasis: efficacy and safety results from the 52-week, randomized, double-blinded, placebo-controlled phase 3 POETYK PSO-1 trial. Journal of the American Academy of Dermatology. 2023 Jan 1;88(1):29-39.
13. Ferrara F, Verduci C, Laconi E, Mangione A, Dondi C, Del Vecchio M, Carlevatti V, Zovi A, Capuozzo M, Langella R. Therapeutic advances in psoriasis: from biologics to emerging oral small molecules. Antibodies. 2024 Sep 14;13(3):76.
14. Armstrong AW, Read C. Pathophysiology, clinical presentation, and treatment of psoriasis: a review. Jama. 2020 May 19;323(19):1945-60.
15. CeM G. armstrong aW, Gudjonsson Je, et al. psoriasis. Lancet. 2021;397(10281):1301-15.
16. Strober B, Thaçi D, Sofen H, Kircik L, Gordon KB, Foley P, Rich P, Paul C, Bagel J, Colston E, Throup J. Deucravacitinib versus placebo and apremilast in moderate to severe plaque psoriasis: Efficacy and safety results from the 52-week, randomized, double-blinded, phase 3 Program fOr Evaluation of TYK2 inhibitor psoriasis second trial. Journal of the American Academy of Dermatology. 2023 Jan 1;88(1):40-51.
17. Hagino T, Saeki H, Fujimoto E, Kanda N. Long-term effectiveness and safety of deucravacitinib for psoriasis: a 52-week real-world study of genital, scalp and nail

lesions. Clinical and Experimental Dermatology. 2025 May;50(5):952-9.
18. Mima Y, Yamamoto M, Iozumi K. Review of Promising Off-Label Use of Deucravacitinib. International Journal of Molecular Sciences. 2025 Sep 27;26(19):9447.
19. Armstrong AW, Lebwohl M, Warren RB, Sofen H, Imafuku S, Ohtsuki M, Spelman L, Passeron T, Papp KA, Kisa RM, Vaile J. Safety and efficacy of deucravacitinib in moderate to severe plaque psoriasis for up to 3 years: an open-label extension of randomized clinical trials. JAMA dermatology. 2025 Jan;161(1):56-66.
20. Elyoussfi S, Rane SS, Eyre S, Warren RB. TYK2 as a novel therapeutic target in psoriasis. Expert Review of Clinical Pharmacology. 2023 Jun 3;16(6):549-58.
21. Thaçi D, Strober B, Gordon KB, Foley P, Gooderham M, Morita A, Papp KA, Puig L, Menter MA, Colombo MJ, Elbez Y. Deucravacitinib in moderate to severe psoriasis: clinical and quality-of-life outcomes in a phase 2 trial. Dermatology and therapy. 2022 Feb;12(2):495-510.
22. Ahmed I, Tasnim N, Liza SR. Clinical Patterns and Prevalence of Psoriasis in a Tertiary Healthcare Facility in Bangladesh. TAJ: Journal of Teachers Association. 2024 Dec 31;37(2):391-5.
23. Zhang, J., Ding, Y., Wang, P., Li, L., Pan, W., Lu, Y., Cheng, H., Jiang, X., Ho, J.C., Guo, S. and Liu, L., 2025. Deucravacitinib, an oral selective allosteric tyrosine kinase 2 inhibitor, in patients from China mainland, Taiwan and South Korea with moderate-to-severe plaque psoriasis: a phase III randomized clinical trial. *British Journal of Dermatology*, *192*(3), pp.402-409.
24. Mahmoud A, Ahmed AA, Naeem A, Abuelazm M, Elshinawy M, Hassan AR, Rezq H, Abdelazeem B. Tyrosine Kinase-2 Inhibitor (Deucravacitinib) for Psoriasis: A Systematic Review and Network Meta-Analysis of Randomized Controlled Trials. International Journal of Dermatology and Venereology. 2024 Dec 1;7(4):216-25.
25. Katz A, Kircik C, Lamb A, Armstrong A. Evidence-Based Synthesis of Deucravacitinib: Long Term Effica, Safety, and Practical Use in Moderate-to-Severe Psoriasis. JOURNAL OF DRUGS IN DERMATOLOGY. 2026 Feb 1;25(2):s3-S10.
26. Lebwohl M, Warren RB, Sofen H, Imafuku S, Paul C, Szepietowski JC, Spelman L, Passeron T, Vritzali E, Napoli A, Kisa RM. Deucravacitinib in plaque psoriasis: 2-year safety and efficacy results from the phase III POETYK trials. British Journal of Dermatology. 2024 May;190(5):668-79.