MACE

Increased risk of MACE. Avoid in smokers and patients with other CV risk factors for IHD or CVD, unless no suitable treatment alternatives.

CANCER

Increased risk of cancer. Avoid in patients with cancer risk factors, unless no suitable treatment alternatives.

DIABETES MELLITUS

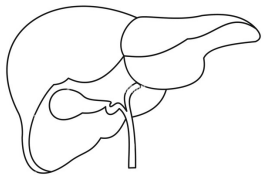
Increased risk of serious infection and MACE. Use with caution.

OVER 65s

Increased risk of serious infection. Avoid in patients ≥65 years unless no suitable treatment alternatives.

LIVER IMPAIRMENT

Hepatic metabolism for JAKI; tofacitinib> upadacitinib> filgotinib. Avoid in Child-Pugh C cirrhosis. Risk of transaminitis – regular LFT monitoring.



PREGNANCY & BREASTFEEDING

JAKI are small molecules that cross the placenta and have demonstrated teratogenicity in pre-clinical studies. JAKI pass into breast milk. Family planning discussion prior to initiation.

RENAL IMPAIRMENT

Dose reduction required if creatinine clearance <30ml/min for upadacitinib and tofacitinib and <60ml/min for filgotinib. Avoid in all patients with ESRF.

DYSLIPIDAEMIA

Associated dose-dependent increase in lipid parameters. Check lipid profile at baseline and post-induction and manage elevation according to local guidelines.

VTE

VTE have been associated with JAKI use in clinical trials. Use with caution in patients with risk factors for VTE, including oestrogen containing hormonal treatment

CYTOPENIA

JAKI should not be initiated /treatment should be suspended if;
haemoglobin <80g/dL
neutrophil (ANC) <1 x 10^9 cells/L
lymphocyte (ALC) <0.5 x 10^9 cells/L

NMSC

NMSC have been reported with JAKI. Advise sun protection and periodic skin examination, particularly those at high risk.

HERPES ZOSTER

Treatment interruption until infection resolves. Administer antiviral drugs at onset. Consider shingles vaccination.