

# Xeljanz (Tofacitinib)

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## What is Xeljanz?

In October 2018, the National Institute for Health and Care Excellence (NICE) issued Technology Appraisal Guidance on the use of Tofacitinib (or Xeljanz to use the brand name) in treating active psoriatic arthritis after inadequate use of Disease-Modifying Anti-Rheumatic Drugs (DMARDs) such as Methotrexate or Leflunomide.

Xeljanz, also referred to by its generic name Tofacitinib, is a new class of medication that can be used to treat psoriatic arthritis. Xeljanz is a tablet that is taken orally, alongside Methotrexate. In England and Wales, it can be prescribed by a Rheumatologist when the following criteria are met:

- The person has peripheral arthritis with three or more tender joints and three or more swollen joints, **and**
- The psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying anti-rheumatic drugs (DMARDs), administered either individually or in combination
- The person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or
- TNF-alpha inhibitors are contraindicated (cannot be used) but would otherwise be considered.

1

In Scotland, Xeljanz can be prescribed by a Rheumatologist for adults with active psoriatic arthritis that has not responded adequately to at least two DMARDs.

## How does Xeljanz work?

Xeljanz is a Janus Kinase (JAK) inhibitor. It works differently to any of the other treatments that are currently available to treat psoriatic arthritis.

Cytokines are proteins that work in the immune system and play a key role in controlling cell growth and immune responses. It is thought that cytokines are over-active in people with psoriatic arthritis, leading to the overproduction of inflammation, which in turn causes the signs and symptoms of this condition. Cytokines rely on a family of enzymes known as Janus Kinase

(JAK) enzymes, to help them distribute their messages. Xeljanz stops the activity of JAK enzymes, meaning that the inflammatory cycle of psoriatic arthritis is disrupted. This leads to an improvement in symptoms for many people who take Xeljanz.

## **Who is Xeljanz for?**

Xeljanz can be prescribed to treat active and 'progressive' (worsening) psoriatic arthritis if other disease-modifying anti-rheumatic drugs have not worked. This includes 'anti-TNF' biologic treatments that are available for psoriatic arthritis. This means that if you have taken systemic treatments such as methotrexate, sulfasalazine or leflunomide, or biologic treatments such as Simponi (golimumab), Humira (adalimumab), Enbrel (etanercept) or Remicade (infliximab) for your psoriatic arthritis without a good response, you could be offered Xeljanz.

## **Who should not take Xeljanz?**

- Women who are pregnant or breastfeeding should not take Xeljanz. Women should not fall pregnant for at least four weeks after treatment has stopped.
- People with active infections should not start Xeljanz. You will be tested to check for infections before starting treatment.
- Xeljanz should be used with caution in those with kidney or liver problems, a history of cancer or lung disease, certain gastrointestinal conditions and people who are also taking corticosteroids or non-steroidal anti-inflammatory drugs (for example, aspirin). Your Rheumatologist should discuss this with you, if relevant.
- In November 2019, the European Medicines Agency issued a caution in which they advised that patients at high risk of blood clots, or those over the age of 65 should only be prescribed Xeljanz if there was no other appropriate treatment available.

2

## **How is Xeljanz used?**

Xeljanz comes in a tablet form, and is taken orally twice a day, with or without food. Certain individuals may have circumstances meaning that their dose needs to be adjusted. If this is the case, you should follow the instructions that your doctor gives you regarding how much to take and when. Xeljanz is used in combination with methotrexate, rather than on its own. It is important to note that methotrexate is usually taken once a week, whereas the Xeljanz tablet is twice a day. It may be helpful to keep them separately in order to avoid any confusion.

People taking Xeljanz will have regular blood tests every three months- usually carried out by Dermatology or Rheumatology Nurses, or by their own GP- to monitor for possible effects of the treatment.

## **What are the side effects?**

As with all medications, some side effects are possible when taking Xeljanz. It is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed.

Common side effects include infections, some of which can be serious, including pneumonia, influenza ("the flu"), herpes zoster (shingles/chickenpox), and urinary tract infection. The most common other side effects are headache, upper respiratory tract infections/nasopharyngitis (colds), diarrhoea, nausea and high blood pressure.

This is not a full list of possible side effects of Xeljanz – please read the patient information leaflet that comes with the treatment for more information.

## **How long will Xeljanz take to work?**

It can take a number of weeks before a person's psoriatic arthritis improves on Xeljanz. If considerable improvement is not seen in 12 weeks, treatment with Xeljanz will be stopped. If this happens, a Rheumatologist should discuss the next available options with you - there are a number of other biologic or systemic treatments that can be tried if Xeljanz does not work.

3

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