This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 of the SmPC for how to report adverse reactions.

**XELJANZ** (tofacitinib) Prescribing Information:
Please refer to the Summary of Product Characteristics (SmPC) before prescribing.

**XELJANZ Presentation:** Film-coated tablets containing tofacitinib citrate, equivalent to 5 mg or 10 mg tofacitinib. **Indications** In combination with methotrexate (MTX) for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying antirheumatic drugs. Can be given as monotherapy in case of intolerance to MTX or when treatment with MTX is inappropriate. In combination with MTX for the treatment of active psoriatic arthritis (PsA) in adult patients who have had an inadequate response or who have been intolerant to a prior disease-modifying antirheumatic drug (DMARD) therapy. For the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy or a biologic agent. **Dosage:** Tofacitinib is given orally with or without food. RA and PsA: The recommended dose is 5 mg orally twice daily. UC: The recommended dose is 10 mg given orally twice daily for induction for 8 weeks and 5 mg given twice daily for maintenance. For patients who do not achieve adequate therapeutic benefit by week 8, the induction dose of 10 mg twice daily can be extended to 16 weeks followed by 5 mg twice daily for maintenance. Tofacitinib induction therapy should be discontinued in any patient who shows no evidence of therapeutic benefit by week 16. For some patients, such as those who have failed prior tumour necrosis factor (TNF) antagonist therapy, consideration should be given to continuation of the 10 mg twice daily dose for maintenance in order to maintain therapeutic benefit (see SmPC section 5.1). Patients who experience a decrease in response on tofacitinib 5 mg twice daily maintenance therapy may benefit from an increase to tofacitinib 10 mg administered twice daily. It is recommended not to initiate dosing in patients with an absolute lymphocyte count (ALC) less than 0.75 x 10^9/L, an absolute neutrophil count (ANC) less than 1 x 10^9/L or in patients with haemoglobin less than 9 g/dL. **Renal impairment:** No dose adjustment is required in patients with mild or moderate renal impairment. In patients with severe renal impairment the dose should be reduced to 5 mg once daily when the indicated dose in the presence of normal renal function is 5 mg twice daily. Dose should be reduced to 5 mg twice daily when the indicated dose in the presence of normal renal function is 10 mg twice daily. Patients with severe renal impairment should remain on a reduced dose even after haemodialysis. **Hepatic impairment:** No dose adjustment is required in patients with mild hepatic impairment. In patients with moderate hepatic impairment dose should be reduced to 5 mg once daily when the indicated dose in the presence of normal hepatic function is 5 mg twice daily. Dose should be reduced to 5 mg twice daily when the indicated dose in the presence of normal hepatic function is 10 mg twice daily. Tofacitinib should not be used in patients with severe hepatic impairment. **Elderly:** No dose adjustment is required in patients aged 65 years and older. Use with caution as increased risk and severity of adverse events. **Drug–drug Interactions:** Total dose should be reduced by half in patients receiving potent inhibitors of cytochrome (CYP) P450 3A4 (e.g., ketoconazole) and in patients receiving one or more concomitant medicinal products that result in both moderate inhibition of CYP3A4 as well as potent inhibition of CYP2C19 (e.g., fluconazole). Co-administration of tofacitinib with potent CYP inducers (e.g., rifampicin) may result in a loss of or reduced clinical response. Caution is recommended in patients with a history of chronic lung disease as they may be more prone to infection. Asian patients are known to be at higher risk of ILD caution should be exercised with these patients. **Gastrointestinal perforations:** Tofacitinib should be used with caution in patients who may be at increased risk e.g. diverticulitis or concomitant use of corticosteroids or NSAIDs. **Cardiovascular risk:** risk factors should be managed as part of usual standard of care. **Hypersensitivity:** cases of drug hypersensitivity associated with tofacitinib administration have been reported. Allergic reactions included angioedema and urticaria; serious reactions have occurred. If any serious allergic or anaphylactic reaction occurs, tofacitinib should be discontinued immediately. **Laboratory Parameters:** increased incidence of lymphopenia and neutropenia have been reported and decreases in haemoglobin and should be monitored in accordance with the SmPC. **Pregnancy & Lactation:** No dose adjustment is required. In patients receiving tofacitinib 10 mg twice daily in the UC induction studies were headache, nasopharyngitis, diarrhoea, nausea and hypertension. The most commonly reported adverse reactions during the first 3 months in controlled clinical trials were headache, upper respiratory tract infections, nasopharyngitis, diarrhoea, nausea and arthralgia. Commonly reported adverse reactions (≥1/100 to <1/10), were pneumonia, influenza, herpes zoster, urticaria; serious reactions have occurred. Treatment with Tofacitinib during pregnancy and breast-feeding is contraindicated. **Side Effects:** The most common serious adverse reactions were serious infections; pneumonia, cellulitis, herpetic zoster, UTIs, diverticulitis, appendicitis and opportunistic infections. The most commonly reported adverse reactions during the first 3 months in controlled clinical trials were headache, upper respiratory tract infections, nasopharyngitis, diarrhoea, nausea and hypertension. The most commonly reported adverse reactions in patients receiving tofacitinib 10 mg twice daily in the UC induction studies were headache, nasopharyngitis, nausea, and arthralgia. Commonly reported adverse reactions (≥1/100 to <1/10), were pneumonia, influenza, herpes zoster, urticaria; serious reactions have occurred. Treatment with Tofacitinib during pregnancy and breast-feeding is contraindicated. **Reactivation:** In clinical studies viral reactivation and cases of herpes zoster have been observed. The incidence may be increased in patients treated with 10 mg twice daily Screening for viral hepatitis should be performed in accordance with clinical guidelines prior to starting therapy with tofacitinib the impact on chronic viral hepatitis is not known. **Vaccinations:** Prior to initiating tofacitinib, it is recommended that all patients be brought up to date with all immunisations in agreement with current immunisation guidelines. In combination with tofacitinib, vaccination should be given concurrently with tofacitinib. **Malignancy:** Lymphomas and other malignancies have been observed in patients treated with tofacitinib. Patients with highly active disease may be at higher risk than the general population the effect of tofacitinib on the development and course of malignancies is not known. NMSCs have been reported, the risk of NMSC may be higher in patients treated with tofacitinib 10 mg twice daily than in patients treated with 5 mg twice daily. Periodic skin examination is recommended in patients at increased risk. **Pulmonary embolism:** Pulmonary embolism (PE) has been observed in patients taking tofacitinib in clinical trials and post marketing reports. Tofacitinib 10 mg twice daily is contraindicated in patients who are at high risk for pulmonary embolism (see also SmPC section 4.3). Additional risk factors that should be considered in determining the patient’s risk for PE are older age, obesity, smoking status and immobilisation. **Interstitial lung disease:** Caution is recommended in patients with a history of chronic lung disease as they may be more prone to infection. Asian patients are known to be at higher risk of ILD caution should be exercised with these patients. **Presentation:** 56 film-coated tablets containing tofacitinib citrate, equivalent to 5 mg or 10 mg tofacitinib. **Contraindications:** Tofacitinib is contraindicated in patients with active or latent tuberculosis (TB), serious infections such as sepsis, or opportunistic infections, severe hepatic impairment, severe renal impairment (see also SmPC section 4.3). Additional risk factors that should be considered in determining the patient’s risk for PE are older age, obesity, smoking status and immobilisation. **Warnings and Precautions:** Patients treated with tofacitinib should be given a patient information leaflet. Further information is available on request from: Medical Information at Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS, UK. Tel: +44 (0) 1304 616161.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Pfizer Medical Information on 01304 616161.

Last revised: 06/2019
Ref: XJ 7_0