

Direct Healthcare Professional Communication

September 2026

Janus kinase (JAK) inhibitors: Updated recommendations to minimise the risks of malignancy, major adverse cardiovascular events (MACE), serious infections, venous thromboembolism (VTE) and mortality

Dear Healthcare Professional,

[Marketing Authorization Holder (MAH) Name], in agreement with the General Administration for Pharmaceutical Vigilance (PVGA) of the Central Administration for Pharmaceutical Care at the Egyptian Drug Authority (EDA), would like to inform you of the following important safety update:

Summary

- An increased incidence of malignancy, MACE, serious infections, VTE and mortality has been observed in patients with rheumatoid arthritis (RA) with certain risk factors using JAK inhibitor treatment compared to TNF-alpha inhibitors.
- JAK inhibitors should only be used if no suitable treatment alternatives are available in patients:
 - 65 years of age and older;
 - with a history of atherosclerotic cardiovascular disease or other cardiovascular risk factors (such as current or past long-time smokers);
 - with malignancy risk factors (e.g., current malignancy or history of malignancy).
- JAK inhibitors should be used with caution in patients with VTE risk factors.
- Dosing recommendations are revised for patient groups with risk factors.
- Periodic skin examination is recommended for all patients.
- Prescribers should discuss with patients the risks associated with the use of JAK inhibitors. Patient Information Leaflet (PIL) Update: The section "When should you not take/use this medication?" is being updated to include: *"If you have or might have a rare tumor of the adrenal gland (pheochromocytoma), as this medication could cause a severe rise in your blood pressure."*

Background

- JAK inhibitors are approved for several chronic inflammatory disorders (e.g., rheumatoid arthritis, psoriatic arthritis, juvenile idiopathic arthritis, ankylosing spondylitis, non-radiographic axial spondylarthritis, ulcerative colitis, atopic dermatitis and alopecia areata). The approved use differs between products, as outlined in the respective product information.
- The JAK inhibitors were included in EMA decision & registered in Egypt are (Ritlecitinib, Abrocitinib, Tofacitinib, Baricitinib, Upadacitinib)
- Data from a completed clinical trial (A3921133) of tofacitinib in patients with RA aged 50 years or older with at least one additional cardiovascular risk factor suggested a higher risk of MACE and malignancies (excluding non-melanoma skin cancer) compared with a TNF-alpha inhibitor. An increased incidence of myocardial infarction, lung cancer and lymphoma was also observed in the same trial. Preliminary findings from an observational study (B023) with baricitinib also suggested an increased risk of major cardiovascular events and VTE in RA patients compared with TNF-alpha inhibitors.
- The European Medicines Agency (EMA) concluded that these risks are class effects, relevant across all approved indications of the JAK inhibitors reviewed. base on the data from clinical trial (A3921133) & observational study (B023).
- The product information should be updated accordingly.
- This letter is not intended as a complete description of the benefits and risks related to the use of these products. For further details, please refer to the updated product information for the respective products.

Recommendations for Healthcare Professionals

- Use JAK inhibitors only if no suitable treatment alternatives are available in patients aged 65 or older, patients with cardiovascular risk factors (including current or past long-time smokers), and patients with malignancy risk factors.
 - Use with caution in patients with VTE risk factors.
 - Follow the revised dosing recommendations for patient groups with risk factors, as stated in the updated product information of each product.
 - Perform periodic skin examinations in all patients.
 - Discuss the risks with patients.
 - Advise patients to seek prompt medical attention for signs of MACE, VTE or infection, or for new skin lesions.
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References

1. EMA DHPC, JAK inhibitors, 2023: https://www.ema.europa.eu/en/documents/dhpc/direct-healthcare-professional-communication-dhpc-updated-recommendations-minimise-risks-malignancy-major-adverse-cardiovascular-events-serious-infections-venous-thromboembolism-and-mortality-use_en.pdf
2. EMA DHPC, ritlecitinib , August 2026: https://www.ema.europa.eu/en/documents/dhpc/direct-healthcare-professional-communication-dhpc-litfulo-ritlecitinib-updated-recommendations-minimise-risks-major-adverse-cardiovascular-events-malignancy-venous-thromboembolism-serious-infections_en.pdf

Call for reporting

Healthcare professionals are asked to report any suspected adverse reactions via the Egyptian reporting system:

Name: General Administration for Pharmaceutical Vigilance

Address: 21 Abd El Aziz Al Soud Street, El-Manial, Cairo, Egypt,

Email: pv.followup@edaegypt.gov.eg

Online reporting: : <https://vigiflow-eforms.who-umc.org/eg/med>

QR Code:



Hotline: 15301