Xeljanz™ (tofacitinib) – Safety update

- On February 25, 2019, the FDA announced that a safety study (A3921133) found an increased risk of pulmonary embolism and death when Pfizer's Xeljanz (tofacitinib) 10 mg twice daily was used in patients with rheumatoid arthritis (RA).

- Patients treated with Xeljanz 10 mg twice daily had a statistically and clinically important difference in the occurrence of pulmonary embolism vs. patients treated with a tumor necrosis factor inhibitor (TNFi). An increase in overall mortality was also observed with the Xeljanz 10 mg twice daily group vs. the Xeljanz 5 mg twice daily and TNFi treatment arms.

    - Pfizer has taken steps to transition these study patients who are on Xeljanz 10 mg twice daily to Xeljanz 5 mg twice daily.
    - Pfizer plans to continue and complete the study by the end of 2019.

- Xeljanz is indicated for the treatment of adults with RA, active psoriatic arthritis, and ulcerative colitis.

    - The 5 mg twice daily dose is the FDA approved dose for RA and psoriatic arthritis. The 10 mg twice daily dose is the FDA approved dose for ulcerative colitis.

- Healthcare providers should follow the recommendations in the Xeljanz prescribing information for the specific condition they are treating. Patients should be monitored for the signs and symptoms of pulmonary embolism, and patients should be advised to seek immediate medical attention if they experience them.

- Patients should not change or stop their Xeljanz therapy without first discussing with their healthcare provider, as doing so may worsen their condition. Patients should seek immediate medical attention if they experience symptoms of pulmonary embolism or other unusual symptoms including sudden shortness or breach, chest/back pain, coughing up blood, excessive sweating, or clammy/bluish colored skin.

- Study A3921133 is an ongoing, open-label, endpoint-driven study to evaluate the safety of Xeljanz at two doses vs. a TNFi control group. This study was designed to assess the risk of cardiovascular (CV) events. Enrolled patients are required to be ≥ 50 years of age and have at least one CV risk factor. All patients entered the study on stable doses of background methotrexate.

- The study modification is being taken as the result of notification from the Xeljanz Rheumatology Data Safety Monitoring Board (DSMB) of a safety signal regarding the 10 mg twice daily treatment arm.

    - The DSMB is an external, independent, blinded endpoint adjudication committee that reviews safety events for all ongoing Xeljanz rheumatology studies.

- The DSMB stated it firmly believes that the risk-benefit profile of Xeljanz 5 mg twice daily in comparison to the TNFi group remains appropriately balanced in the study. Pfizer will work with the FDA and other regulatory agencies to review the full results upon study completion.

- The DSMB stated that other ongoing studies of Xeljanz in RA, juvenile idiopathic arthritis, psoriatic arthritis, and ankylosing spondylitis should continue unchanged.

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- Per Pfizer, similar results to study A3921133 have not been identified in Pfizer analyses of other Xeljanz RA clinical trials or routine monitoring of post-marketing safety data, including their statistical analyses of the FDA Adverse Event Reporting System database.