

Drug information
Baricitinib

BARICITINIB

is used to treat rheumatoid arthritis

**VERSUS
ARTHRITIS**

Introduction

Baricitinib is a drug that can help prevent your condition causing damage to your body. You can discuss the benefits and risks of taking baricitinib with healthcare professionals before you start treatment, so you're able to make an informed decision.

What is baricitinib and how is it used?

Baricitinib (trade name Olumiant) is used to treat rheumatoid arthritis. It's a type of drug known as a Janus kinase (JAK) inhibitor. It works by blocking the action of Janus kinase enzymes, which are involved in the inflammation that causes the symptoms of rheumatoid arthritis.

Baricitinib can relieve the symptoms of pain, stiffness and swelling in your joints and slow the joint damage that rheumatoid arthritis can cause. Most people who benefit from this treatment will notice an improvement within the first few weeks of starting treatment, but further improvements may be seen over the first six months of treatment.

Baricitinib can be prescribed by a consultant rheumatologist for adults with rheumatoid arthritis. It can be used alone or with other disease-modifying drugs such as methotrexate. You won't be given baricitinib if you haven't tried other treatments appropriate for your condition first.

Is baricitinib suitable for me?

Baricitinib is not recommended if you're pregnant, planning to become pregnant or breastfeeding. Your doctor may decide not to prescribe baricitinib if you've had or have any of the following:

- an active infection, or repeated or serious previous infections
- shingles
- disease of the lungs, liver or kidneys

- heart problems, high blood pressure, high cholesterol, or blood clots (deep vein thrombosis or pulmonary embolism)
- stomach ulcers
- cancer.

You'll probably have blood tests before treatment starts to assess your condition and to check whether the drug is suitable for you.

Your doctor will need to check if you've previously been exposed to tuberculosis (TB). Even if you don't have symptoms, the bacteria that cause TB may still be present in the body, and you may need a course of treatment to deal with this before starting baricitinib.

If you've previously had hepatitis you may need regular checks for this as baricitinib may increase the risk of the hepatitis coming back.

When and how do I take baricitinib?

Baricitinib is taken as a tablet once a day. In some circumstances your doctor may decide to reduce the standard dose.

If you take more than the recommended dose by mistake, contact your doctor straight away. If you miss a dose, carry on with the usual dose the next day – do not double it.

Because it's a long-term treatment, it's important to keep taking baricitinib (unless you have severe side effects):

- even if it doesn't seem to be working at first
- even when your symptoms improve (to help keep your condition under control).

Your doctor may decide to stop the treatment after six months if there hasn't been enough of an improvement in your symptoms.

Possible risks and side effects

Like any medicine, baricitinib can sometimes cause side effects but many people won't have any problems. You should speak to your rheumatology team about any side effects you have.

JAK inhibitors such as baricitinib are a fairly new group of medicines. Because of this, we know less about the risk of longer-term side effects than we do for other medicines.

Nausea (feeling sick) is fairly common in the first two weeks after starting baricitinib, but often improves with time.

Because baricitinib affects your immune system, it can make you more likely to pick up infections. These are not usually serious and include throat, nose and chest infections, cold sores, urinary tract infections and stomach upsets. Some people may have more serious infections including skin infections (cellulitis) and shingles.

Tell your doctor or rheumatology nurse straight away if you develop any signs of infection such as a sore throat or persistent cough, fever or chills, or any other new symptoms that concern you. If any of these symptoms are severe, you should stop taking baricitinib and see your doctor straight away.

You should also see your doctor if you develop chickenpox or shingles or come into contact with someone who has chickenpox or shingles. You may need antiviral treatment, and you may need to stop taking baricitinib until you're better.

Some people who take baricitinib may have a reduced white blood cell count, raised cholesterol or raised levels of liver enzymes. These problems are usually mild, but your rheumatology team will arrange regular blood checks while you're taking baricitinib as a precaution. If your red or white blood cell count gets too low, your treatment may be stopped until it improves.

If you're taking other drugs alongside your baricitinib (such as methotrexate), you'll still need regular blood tests for these.

It's possible that baricitinib may increase the risk of blood clots in the legs, called deep vein thrombosis. These can sometimes move to the lungs, which is called pulmonary embolism. The risk is likely to be greater if you've had blood clots before. Seek urgent medical care if you develop swelling of the legs or breathlessness.

Tips to reduce your risk of infection

- Try to avoid contact with people you know have an infection.
- Wash your hands regularly and carry around a small bottle of antibacterial hand gel.
- Keep your mouth clean by brushing your teeth regularly.
- Stop smoking if you're a smoker.
- Make sure your food is stored and prepared properly.
- Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

Taking other medicines

You'll probably be taking methotrexate as well as baricitinib. However, some drugs may interact with baricitinib. Check with your doctor before starting any new medicines, and remember to mention you're on baricitinib if you're treated by anyone other than your usual rheumatology team.

You can carry on taking non-steroidal anti-inflammatory drugs (NSAIDs) or painkillers, if needed, unless your doctor advises otherwise.

Don't take over-the-counter or herbal medicines without discussing it first with your rheumatology team.

Vaccinations

It's best to discuss vaccinations, including any you may need if you're planning to travel abroad, with your rheumatology team. If possible, it's best to have any vaccinations you may need before starting baricitinib.

It's generally recommended that people on baricitinib avoid live vaccines. These include measles, mumps and rubella (MMR), tuberculosis (BCG), yellow fever and shingles.

Pneumococcal (new-mow-kok-al) vaccines, which help to protect against pneumonia (new-mow-nee-ah), and yearly flu vaccines – except the nasal flu vaccine – are fine and are usually recommended.

Having an operation

If you're thinking about having surgery, talk this over with your specialists. They may advise you to stop baricitinib for a time before and after surgery.

Alcohol

There's no known interaction between baricitinib and alcohol. However, if you're also taking methotrexate, you should keep well within the recommended limits of no more than 14 units of alcohol per week for adults because methotrexate and alcohol can interact and affect your liver. In some circumstances your doctor may advise lower limits.

Fertility, pregnancy and breastfeeding

At present, we know very little about the effects of baricitinib in pregnancy. To be on the safe side, baricitinib isn't recommended for women who are pregnant or planning a pregnancy. Women who could become pregnant should use effective contraception while being treated with baricitinib and for at least a week after stopping the treatment.

It's not yet known whether baricitinib passes into human breast milk so you should talk to your rheumatology team if you're thinking of breastfeeding.

There's no information currently available about whether baricitinib might affect male or female fertility.

This leaflet is a guide to baricitinib, its benefits and potential side effects. If there's anything else you'd like to know about this drug, just ask the healthcare professionals in charge of your care.

Thank you!

A team of people helped us create this booklet. We would like to thank Neil Snowden, Ben Thompson, Sandra Robinson and Alison Bayliss for helping us with reviewing this booklet.

We would also like to give a special thank you to the people who shared their opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.

FAMILIES
FRIENDS
DOCTORS
RESEARCHERS
DONORS
FUNDRAISERS
VOLUNTEERS
VERSUS
ARTHRITIS

Registered Charity No 207711
Scotland No SC041156
© Versus Arthritis 2019

Versus Arthritis

Copeman House
St Mary's Court
St Mary's Gate
Chesterfield S41 7TD

Tel 0300 790 0400
calls charged at standard rate

www.versusarthritis.org
enquiries@versusarthritis.org

Follow us:



VA2284