



Upadacitinib

Information for people with inflammatory bowel disease

PE-IBD-17

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Upadacitinib is a once-daily tablet that blocks JAK1, one of the enzymes that carry inflammation signals inside immune cells; it is taken by mouth, not given as an injection or a drip.

Why you are taking it

It is used for moderate to severe ulcerative colitis and Crohn's disease that has not responded to, or has stopped responding to, steroids, immunosuppressants or a biologic. It is a tablet, it works quickly and the body does not make antibodies against it; the trade-off is regular blood tests and close attention to infection and blood clots.

How to take it

In ulcerative colitis the starting dose is 45 mg once a day for eight weeks; if you have improved but not enough, we may continue it for another eight weeks, and if there is no benefit by sixteen weeks we stop it. In Crohn's disease the starting dose is 45 mg once a day for twelve weeks; if needed we may continue with 30 mg a day for another twelve weeks, and if there is no benefit by twenty-four weeks we stop it. After that the usual dose is 15 mg or 30 mg once a day: 30 mg for some people whose disease has been extensive or hard to control, and 15 mg if you are 65 or over or have a higher risk of clots, heart disease or cancer. We always aim for the lowest dose that keeps you well. Swallow the tablet whole at about the same time each day, with or without food; do not split, crush or chew it, and avoid grapefruit and grapefruit juice. If you miss a dose, take it as soon as you remember that day; if a whole day has passed, skip it and take the next dose as usual – never take a double dose. Before the first dose we screen for tuberculosis with a chest X-ray and a blood test, check for hepatitis B and C, HIV and previous chickenpox, and recommend the shingles vaccine – see sheet [PE-IBD-18](#).

How long it takes to work

Upadacitinib works quickly. Many people feel better within one to two weeks, sometimes within days. We assess the response at eight weeks in ulcerative colitis and twelve weeks in Crohn's disease. If the response fades later, we can review the dose or change medicine.

Blood tests and monitoring

Before starting we check a full blood count, liver and kidney tests and cholesterol. We repeat the blood count and liver tests four to eight weeks after starting, check cholesterol by twelve weeks, and then test every three months – blood count, liver and kidney tests and a muscle enzyme called CK, which this medicine often raises. If your cholesterol rises we may start a statin; the tablets can usually continue.

Side effects

Side effect	What it means and what to do
Infection, including chest, urine and skin infections	Common. Report fever or any infection early – see sheet PE-IBD-04 . We may pause the tablets until it has cleared.
Shingles – a painful blistering rash in a band on one side of the body – and cold sores	More common than with most other IBD medicines, especially on the higher doses. Contact your doctor the same day, as antiviral treatment works best if started early. The shingles vaccine lowers the risk – see sheet PE-IBD-18 .
Acne	Common, usually mild. Tell your doctor – it normally responds to ordinary acne treatment and rarely means stopping the medicine.
Headache, fever, cold-like symptoms, nausea, rash, change in semen colour	Common and usually mild. Men may notice a blue or green colour to their semen; its importance is unknown – tell your doctor, but do not stop the tablets.

Raised cholesterol	Common. It causes no symptoms and is found on blood tests. We treat it with a statin if needed.
Raised liver enzymes or CK, or low white cell or red cell counts	Found on blood tests, which is why we monitor them. We may pause the tablets. Tell your doctor about unexplained muscle pain or weakness.
Reactivation of tuberculosis or hepatitis B	Rare. The reason for screening. Report a persistent cough, night sweats or weight loss.
Blood clots in the legs or lungs	Uncommon, and more likely in people with other risk factors. Chest pain, sudden breathlessness or a painful swollen leg need the Emergency Department.
Heart attack, stroke, and some cancers including lymphoma and skin cancer	Uncommon, although skin cancers other than melanoma are common. A large study of another JAK inhibitor in older people with rheumatoid arthritis found these were more common than with anti-TNF medicines, and with upadacitinib cancers were more frequent on 30 mg than on 15 mg. So we assess your own risk before starting and use the lowest dose that works. Protect your skin from the sun and show us any new or changing skin spot.

Important precautions

- Do not take the tablets if you have an active infection or a fever – contact your doctor first.
- Before starting, tell your doctor if you are 65 or over, smoke now or smoked for a long time in the past, have had a heart attack, stroke, blood clot or cancer, or have high blood pressure, diabetes or high cholesterol. Medicine regulators in Europe, the UK and the USA advise extra caution in these groups, and in Europe and the UK JAK inhibitors are used in them only when there is no suitable alternative. Tell your doctor too if you have liver or kidney disease, as the dose may need to change. Your team will discuss with you whether it is suitable.
- Tell your doctor before an operation, or if you will be confined to bed or unable to move about for a long time, as this raises the risk of a blood clot.

- No live vaccines (for example yellow fever, MMR, live chickenpox vaccine or BCG) during treatment; if one is needed it is given at least four weeks before you start. Non-live vaccines are recommended, and we strongly advise the shingles vaccine Shingrix – see sheets PE-IBD-04 and PE-IBD-18.
- Tell every doctor and pharmacist that you take upadacitinib. Some antibiotics and antifungals, such as clarithromycin, ketoconazole and itraconazole, raise its level and the dose must be lowered; rifampicin, phenytoin and carbamazepine make it work less well. It is not combined with biologics, azathioprine, mercaptopurine, ciclosporin or tacrolimus.
- Do not stop the tablets yourself, even when you feel well. Tell your doctor if you have missed more than a day's doses or have run out.
- For a repeat prescription, message the clinic. If there is no reply after 48 hours send the message again, and if there is still no reply, come to the clinic.

Pregnancy and breastfeeding

Upadacitinib must not be taken in pregnancy. Women who could become pregnant should use effective contraception during treatment and for at least four weeks after the last dose; ask your doctor which method suits you, as the combined pill adds to the risk of clots. If you are planning a pregnancy, talk to your doctor first so they can change your medicine. If you become pregnant, phone your doctor the same day – do not wait for a reply to a message. In most cases we will stop upadacitinib and plan a medicine that is safe in pregnancy with you. Do not breastfeed while taking upadacitinib, or for 6 days after the last dose.

Tell your doctor straight away if

- You have a fever, or any sign of infection.
- You develop a painful blistering rash, especially in a band on one side of the body.
- You have not had chickenpox and have been in contact with someone with chickenpox or shingles – contact your doctor within 24 hours.
- You have chest pain, sudden breathlessness, or a painful swollen leg – this may be a blood clot, so go to the Emergency Department.
- You have sudden weakness or numbness on one side, difficulty speaking, or sudden loss of vision – go to the Emergency Department.
- You have severe, constant tummy pain, especially with fever or vomiting.
- You have a cough lasting more than three weeks, night sweats or weight loss.
- Your symptoms return or get worse.

Tell your doctor so they know and can bring your appointment forward. But if you feel seriously unwell, go to the Emergency Department first – do not wait for a reply.

Contact your doctor using the numbers your clinic has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Brand names and preparations may differ – check the label on your own medicine. General safety advice is in sheet [PE-IBD-04](#). Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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