

 **JAKAVI**[®]
ruxolitinib



HIGH-RISK PV SHOULD HAVE YOU ON HIGH ALERT^{1,2}

Many factors (haematocrit, leukocytes, allele burden, and more) could increase TE risk and threaten survival of your PV patients.^{1,2}

Be ready to switch therapy at the first sign of resistance or intolerance to HU.^{3,4}

JAKAVI is indicated for the treatment of adult patients with PV who are resistant to or intolerant of HU.⁵

HU, hydroxyurea; PV, polycythaemia vera; TE, thromboembolism.

References: 1. Benevolo G, Vassallo F, Urbino I, Giai V. Polycythemia vera (PV): Update on emerging treatment options. *Therapeutics and Clinical Risk Management* 2021; 17:209-221. 2. Bewersdorf JP, How J, Masarova L, et al. Moving toward disease modification in polycythemia vera. *Blood* 2023; 142(22):1859-1870. 3. McMullin F, Wilkins BS, Harrison CN. Management of polycythaemia vera: A critical review of current data. *Br J Haematol* 2016; 172(3):337-349. 4. Tefferi A, Barbui T. Polycythemia vera: 2024 update on diagnosis, risk-stratification, and management. *Am J Hematol* 2023;98(9):1465-1487. 5. JAKAVI[®] Professional Information, approved by SAHPRA 22 March 2023.

For full prescribing information, kindly refer to the approved Professional Information.

[S4] JAKAVI 5 mg, 15 mg and 20 mg tablets. Each tablet contains 5 mg, 15 mg or 20 mg ruxolitinib (as phosphate), respectively. Reg. No.: 48/34/0109/110/111.

Novartis Adverse Drug Reaction Reporting: Email: patientsafety.sacg@novartis.com. Web: <https://www.novartis.com/report>. Tel: +27 11 347 6600.

Novartis South Africa (Pty) Ltd., Magwa Crescent West, Waterfall City, Jukskei View, 2090, SOUTH AFRICA. Tel. (+27) 11 347-6600. Co. Reg. No. 1946/020671/07.

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prescribing
information.

 **NOVARTIS**