

IBD THERAPIES & CLASICAL EIMS

	Peripheral arthritis	Axial arthropaty	Uveitis	Pyoderma gangrenosum	PSC
Mesalazine	Not useful	Not useful	Not useful	Not useful	Not useful
Sulfasalazine	Useful	Not useful	Not useful	Not useful	Not useful
Azathioprine	Not useful	Not useful	Not useful	Not useful	Not useful
Mercaptopurine	Not useful	Not useful	Not useful	Not useful	Not useful
Methotrexate	Useful	Not useful	Not useful	Not useful	Not useful
Infliximab	Useful	Useful	Useful	Useful	Not useful
Adalimumab	Although evidence supports the benefit of antiTNF on certain EIMS the best characterized are infliximab and adalimumab in this setting				Not useful
Golimumab	Useful	Useful	Useful	Useful	Not useful
Certolizumab	Useful	Useful	Useful	Useful	Not useful
Vedolizumab	Observational data shows improvement in some patients*				
Ustekinumab	Useful	Not useful	Not useful	Not useful	Not useful
Risankizumab	Useful	Not useful	Not useful	Not useful	Not useful
Mirikizumab	Useful	Not useful	Not useful	Not useful	Not useful
Tofacitinib	Useful	Useful	Useful	Useful	Not useful
Filgotinib	Useful	Useful	Useful	Useful	Not useful
Upadacitinib	Useful	Useful	Useful	Useful	Not useful
Ozanimod	Not useful	Not useful	Not useful	Not useful	Not useful
Etrasimod	Not useful	Not useful	Not useful	Not useful	Not useful

- Useful
- Not useful
- Could be useful

Gordon H et al. Journal of Crohn's and Colitis, 2024, 18, 1–37
 Rogler G et al. Gastroenterology. 2021; 161(4): 1118–1132.

*Be aware of certain EIMS running parallel to bowel inflammation. Improvements in these manifestations often mirror improvements in bowel inflammation, providing insight into the positive response to some drugs. It is important to note post-hoc studies on ustekinumab trials, showed no significant improvement on EIMS although observational data did.

