Upadacitinib (Rinvoq®)

Upadacitinib (Rinvoq) is a Janus Kinase (JAK) inhibitor. JAKs are intracellular enzymes which transmit signals arising from cytokine or growth factor-receptor interactions on the cellular membrane to influence cellular processes of hematopoiesis and immune cell function. JAKs inhibitors prevent the phosphorylation and activation of Signal Transducers and Activators of Transcription (STATs) which modulate intracellular activity including gene expression. JAK enzymes transmit cytokine signaling through pairing of JAKs, with upadacitinib inhibiting in vitro activities of JAK1 and JAK2, relative to JAK3 and TYK2.

Resources from Manufacturer

Patient Medication Guide

Full Prescribing Information

Rinvoq Co-pay Assistance Program

AbbVie Patient Assistance Program

Indications and Dosing in Rheumatology

Upadacitinib is indicated for:

- Adults with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to one or more TNF blockers
- Adults with active psoriatic arthritis (PsA) who have had an inadequate response or intolerance to one or more TNF blockers
- Adults with active ankylosing spondylitis (AS) who have had an inadequate response or intolerance to one or more TNF blockers
- Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation who have had an inadequate response or intolerance to one or more TNF blockers
- Adults with moderately to severely active ulcerative colitis (UC) or Crohn's disease who have had an inadequate response or intolerance to TNF blockers

continued

Indications and Dosing in Rheumatology *continued*

Dosing:

- For RA, PsA, AS, and nr-axSpA: 15 mg by mouth once daily
- May be used in combination with nonbiologic DMARDs
- No dosage adjustment is needed for patients with mild, moderate, or severe renal impairment.
- No dosage adjustment is needed for patients with mild or moderate hepatic impairment (Child-Pugh A or B), however use not recommended in severe hepatic impairment (Child-Pugh C).
- Interrupt treatment if drug-induced liver injury is suspected, until this diagnosis is excluded.
- Interrupt dosing if laboratory abnormalities occur in absolute neutrophil count (ANC), absolute lymphocyte count (ALC), or hemoglobin:

	Threshold	Recommendation
ANC	<1,000 cells/μL	Interrupt treatment until ≥1,000 cells/ μL
ALC	<500 cells/ μL	Interrupt treatment until ≥500 cells/ μL
Hemoglobin	< 8 g/dL	Interrupt treatment until ≥8 g/dL

Contraindications

Known hypersensitivity to upadacitinib or any of the excipients.

Black Box Warnings

- Serious Infections–Avoid use during an active serious infection, including localized infection.
  - ❑ Tuberculosis–Evaluate and test for latent or active infection prior to and during administration of upadacitinib.
- Mortality–Patients 50 years and older with at least one cardiovascular risk factor treated with JAK inhibitor had a higher observed rate of all-cause mortality.
- Malignancy–Lymphomas and solid cancers were observed in clinical trials.
- Major adverse cardiovascular events–Patients 50 years and older with at least one cardiovascular risk factor treated with JAK inhibitor had a higher rate of major adverse cardiovascular events (MACE) defined as cardiovascular death, non-fatal myocardial infarction (MI), and non-fatal stroke.
- Thrombosis–Pulmonary embolism (PE), deep venous thrombosis (DVT), and arterial thrombosis have occurred in patients treated with JAK inhibitors.

continued

ACR/ARP Medication Guide

American College of Rheumatology
Empowering Rheumatology Professionals

Association of Rheumatology Professionals
The Interprofessional Division of the American College of Rheumatology

Warnings and Precautions

- Gastrointestinal perforation–Use with caution in patients who may be at increased risk.
- Hypersensitivity–Serious hypersensitivity reactions (e.g. anaphylaxis) have been reported. Discontinue if a serious hypersensitivity reaction occurs.
- Laboratory abnormalities–Monitor for potential change in lymphocytes, neutrophils, hemoglobin, liver enzymes, and lipids.
- Embryo-Fetal Toxicity–May cause fetal harm based on animal studies. Advise female patients of reproductive potential of potential risk to fetus and use effective contraception.
- Live vaccines–Avoid use with tofacitinib.
- Medication residue in stool–Observed in stool or ostomy output in patients with shortened GI transit times. Monitor patients clinically and consider alternative treatment if inadequate therapeutic response.

Adverse Reactions

Most common adverse reactions (≥ 1%):

- Upper respiratory infections
- Bronchitis
- Herpes zoster and herpes simplex
- Nausea
- Cough
- Pyrexia
- Acne
- Headache

Medication Strength and Preparations

- Extended-release tablets: 15 mg, 30 mg, 45 mg

Medication Administration and Storage

- Store in original carton to protect from light
- Store at 2°C to 25°C (36°F to 77°F)

Oral Administration

- Take by mouth with or without food.
- Swallow upadacitinib tablets whole and intact. Do not crush, split, or chew.

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