RINVOQ® (upadacitinib) PRODUCT FACT SHEET

Not actual size.

INDICATIONS[1]

RINVOQ is indicated for the treatment of:

- **Moderately to severely active rheumatoid arthritis (RA)** in adults who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.
- **Active psoriatic arthritis (PsA)** in adults who have had an inadequate response or intolerance to one or more TNF blockers.
- **Active ankylosing spondylitis (AS)** in adults who have had an inadequate response or intolerance to one or more TNF blockers.
- **Active non-radiographic axial spondyloarthritis (nr-axSpA)** with objective signs of inflammation in adults who have had an inadequate response or intolerance to TNF blocker therapy.

Limitations of Use: RINVOQ is not recommended for use in combination with other Janus kinase (JAK) inhibitors, biologic disease-modifying antirheumatic drugs (bDMARDs), or with potent immunosuppressants such as azathioprine and cyclosporine.

- **Refractory, moderate to severe atopic dermatitis (AD)** in adults and pediatric patients 12 years of age and older whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.

Limitations of Use: RINVOQ is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, or other immunosuppressants.

- **Moderately to severely active ulcerative colitis (UC)** in adults who have had an inadequate response or intolerance to one or more TNF blockers.

Limitations of Use: RINVOQ is not recommended for use in combination with other JAK inhibitors, biological therapies for ulcerative colitis, or other potent immunosuppressants such as azathioprine and cyclosporine.

PRODUCT OVERVIEW

DOSAGE AND ADMINISTRATION[1]	**For RA/PsA/AS/nr-axSpA:** The recommended oral dose is 15 mg once daily. **For AD:** For adults <65 years of age and pediatric patients 12 years of age and older weighing at least 40 kg: • Initiate treatment with 15 mg once daily • If an adequate response is not achieved, consider increasing the dosage to 30 mg once daily • Discontinue RINVOQ if an adequate response is not achieved with the 30 mg dose • Use the lowest effective dose needed to maintain response For patients ≥65 years of age, patients with severe renal impairment (RINVOQ is not recommended for use in patients with end stage renal disease), or patients receiving strong CYP3A4 inhibitors: • The recommended dosage is 15 mg once daily **For UC:** Induction: • The recommended induction dose of RINVOQ is 45 mg once daily for 8 weeks • For patients receiving strong CYP3A4 inhibitors, patients with severe renal impairment (RINVOQ is not recommended for use in patients with end stage renal disease), or patients with mild to moderate hepatic impairment, the 30 mg once daily for 8 weeks induction dose is recommended Maintenance: • The recommended dose of RINVOQ for maintenance treatment is 15 mg once daily • A maintenance dose of 30 mg once daily may be considered for patients with refractory, severe, or extensive disease • Discontinue RINVOQ if an adequate therapeutic response is not achieved with the 30 mg dose • Use the lowest effective dosage needed to maintain response • For patients receiving strong CYP3A4 inhibitors, patients with severe renal impairment, or patients with mild to moderate hepatic impairment, the 15 mg maintenance dose is recommended

CYP3A4, cytochrome P450 3A4.

RINVOQ SAFETY CONSIDERATIONS[1]

Serious Infections: RINVOQ-treated patients are at increased risk of serious bacterial (including tuberculosis [TB]), fungal, viral, and opportunistic infections leading to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants, such as methotrexate or corticosteroids.

Mortality: A higher rate of all-cause mortality, including sudden cardiovascular (CV) death, was observed with a Janus kinase inhibitor (JAKi) in a study comparing another JAKi with tumor necrosis factor (TNF) blockers in rheumatoid arthritis (RA) patients ≥50 years with ≥1 CV risk factor.

Malignancies: Malignancies have occurred in RINVOQ-treated patients. A higher rate of lymphomas and lung cancer (in current or past smokers) was observed with another JAKi when compared with TNF blockers in RA patients.

Major Adverse Cardiovascular Events: A higher rate of CV death, myocardial infarction, and stroke was observed with a JAKi in a study comparing another JAKi with TNF blockers in RA patients ≥50 years with ≥1 CV risk factor. History of smoking increases risk.

Thrombosis: Deep venous thrombosis, pulmonary embolism, and arterial thrombosis have occurred in patients treated with JAK inhibitors used to treat inflammatory conditions. A higher rate of thrombosis was observed with another JAKi when compared with TNF blockers in RA patients.

Hypersensitivity: RINVOQ is contraindicated in patients with hypersensitivity to RINVOQ or its excipients.

Other Serious Adverse Reactions: Hypersensitivity Reactions, Gastrointestinal Perforations, Laboratory Abnormalities, and Embryo-Fetal Toxicity.

Please see additional Important Safety Information, including BOXED WARNING on Serious Infections, Mortality, Malignancies, Major Adverse Cardiovascular Events, and Thrombosis, on pages 3 and 4. Please see accompanying full Prescribing Information, including BOXED WARNING, or visit https://www.rxabbvie.com/pdf/rinvoq_pi.pdf

RINVOQ® upadacitinib

RINVOQ PRODUCT FACT SHEET (cont'd)

PRODUCT OVERVIEW (cont'd)

PACKAGING[1]	Description: • 15 mg: purple, biconvex oblong, with dimensions of 14 x 8 mm, and debossed with 'a15' on one side (30 tablets in a bottle) • 30 mg: red, biconvex oblong, with dimensions of 14 x 8 mm, and debossed with 'a30' on one side (30 tablets in a bottle) • 45 mg: yellow to mottled yellow, biconvex oblong, with dimensions of 14 x 8 mm, and debossed with 'a45' on one side (28 tablets in a bottle)
STORAGE AND HANDLING[1]	Store at 2˚C to 25˚C (36˚F to 77˚F). Store in the original bottle in order to protect from moisture.
SHIPPING CASE DIMENSIONS	Bottle: 2.20" x 2.44" x 3.94" Case (6 bottles in a case): 7.00" x 4.13" x 5.12"
WEIGHT	15 mg and 30 mg bottle (1 bottle containing 30 tablets) = 0.17 lb 45 mg bottle (1 bottle containing 28 tablets) = 0.17 lb Case (6 bottles) = 1.23 lb
NDC NUMBER[1]	15 mg extended-release tablets (30 count): 0074-2306-30 30 mg extended-release tablets (30 count): 0074-2310-30 45 mg extended-release tablets (28 count): 0074-1043-28

POTENTIAL ICD-10-CM CODES*

RHEUMATOID ARTHRITIS[2]	**M05.60** Rheumatoid arthritis of unspecified site with involvement of other organs and systems **M05.69** Rheumatoid arthritis of multiple sites with involvement of other organs and systems **M05.79** Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement **M06** Other rheumatoid arthritis **M06.9** Rheumatoid arthritis, unspecified
PSORIATIC ARTHRITIS[2]	**L40.50** Arthropathic psoriasis, unspecified
ANKYLOSING SPONDYLITIS[2]	**M45.0** Ankylosing spondylitis of multiple sites in spine **M45.9** Ankylosing spondylitis of unspecified sites in spine
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS[2]	**M45.A** Non-radiographic axial spondyloarthritis
ATOPIC DERMATITIS[2]	**L20** Atopic dermatitis **L20.89** Other atopic dermatitis **L20.9** Atopic dermatitis, unspecified
ULCERATIVE COLITIS[2]	**K51** Ulcerative colitis **K51.8** Other ulcerative colitis **K51.9** Ulcerative colitis, unspecified

CMS, Centers for Medicare & Medicaid Services; HCP, healthcare professional; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

*Not a complete list. The codes shown above are only suggestions and correct coding is the responsibility of the HCP; the most recent complete list of ICD-10 codes and correct coding information is available at the CMS website.

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are encouraged to contact third-party payers for specific information about their coverage policies. For additional guidance on coding, please refer to the Department of Health and Human Services Evaluation and Management Services Guide available at www.cms.gov

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Thrombosis: Deep venous thrombosis, pulmonary embolism, and arterial thrombosis have occurred in patients treated with JAK inhibitors used to treat inflammatory conditions. A higher rate of thrombosis was observed with another JAKi when compared with TNF blockers in RA patients.

Hypersensitivity: RINVOQ is contraindicated in patients with hypersensitivity to RINVOQ or its excipients.

Other Serious Adverse Reactions: Hypersensitivity Reactions, Gastrointestinal Perforations, Laboratory Abnormalities, and Embryo-Fetal Toxicity.

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RINVOQ® upadacitinib

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR RINVOQ® (upadacitinib)[1]

INDICATIONS

RINVOQ is indicated for the treatment of:

- **Moderately to severely active rheumatoid arthritis (RA)** in adults who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.
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Limitations of Use: RINVOQ is not recommended for use in combination with other Janus kinase (JAK) inhibitors, biologic disease-modifying antirheumatic drugs (bDMARDs), or with potent immunosuppressants such as azathioprine and cyclosporine.

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IMPORTANT SAFETY INFORMATION

SERIOUS INFECTIONS

Patients treated with RINVOQ are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants, such as methotrexate or corticosteroids. If a serious infection develops, interrupt RINVOQ until the infection is controlled.

Reported infections include:

- **Active tuberculosis (TB), which may present with pulmonary or extrapulmonary disease. Test patients for latent TB before RINVOQ use and during therapy. Consider treatment for latent TB infection prior to RINVOQ use.**
- **Invasive fungal infections, including cryptococcosis and pneumocystosis.**
- **Bacterial, viral, including herpes zoster, and other infections due to opportunistic pathogens.**

Carefully consider the risks and benefits of treatment with RINVOQ prior to initiating therapy in patients with chronic or recurrent infection. Monitor patients closely for the development of signs and symptoms of infection during and after treatment with RINVOQ, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

MORTALITY

In a large, randomized, postmarketing safety study comparing another Janus kinase (JAK) inhibitor with tumor necrosis factor (TNF) blockers in rheumatoid arthritis (RA) patients ≥50 years old with at least one cardiovascular (CV) risk factor, a higher rate of all-cause mortality, including sudden CV death, was observed with the JAK inhibitor. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with RINVOQ.

MALIGNANCIES

Lymphoma and other malignancies have been observed in patients treated with RINVOQ.

In a large, randomized, postmarketing safety study comparing another JAK inhibitor with TNF blockers in RA patients, a higher rate of malignancies (excluding non-melanoma skin cancer [NMSC]), lymphomas, and lung cancer (in current or past smokers) was observed with the JAK inhibitor. Patients who are current or past smokers are at additional increased risk. With RINVOQ, consider the benefits and risks for the individual patient prior to initiating or continuing therapy, particularly in patients with a known malignancy (other than a successfully treated NMSC), patients who develop a malignancy when on treatment, and patients who are current or past smokers. NMSCs have been reported in patients treated with RINVOQ. Periodic skin examination is recommended for patients who are at increased risk for skin cancer. Advise patients to limit sunlight exposure by wearing protective clothing and using sunscreen.

MAJOR ADVERSE CARDIOVASCULAR EVENTS

In a large, randomized, postmarketing study comparing another JAK inhibitor with TNF blockers in RA patients ≥50 years old with at least one CV risk factor, a higher rate of major adverse cardiovascular events (MACE) (defined as cardiovascular death, myocardial infarction, and stroke) was observed with the JAK inhibitor. Patients who are current or past smokers are at additional increased risk. Discontinue RINVOQ in patients that have experienced a myocardial infarction or stroke.

Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with RINVOQ, particularly in patients who are current or past smokers and patients with other CV risk factors. Patients should be informed about the symptoms of serious CV events and the steps to take if they occur.

THROMBOSIS

Thrombosis, including deep venous thrombosis, pulmonary embolism, and arterial thrombosis have occurred in patients treated with JAK inhibitors used to treat inflammatory conditions. Many of these adverse events were serious and some resulted in death.

In a large, randomized, postmarketing study comparing another JAK inhibitor to TNF blockers in RA patients ≥50 years old with at least one CV risk factor, a higher rate of thrombosis was observed with the JAK inhibitor. Avoid RINVOQ in patients at risk. Patients with symptoms of thrombosis should discontinue RINVOQ and be promptly evaluated.

Please see accompanying full Prescribing Information, including BOXED WARNING, or visit https://www.rxabbvie.com/pdf/rinvoq_pi.pdf

RINVOQ® upadacitinib

IMPORTANT SAFETY INFORMATION FOR RINVOQ® (upadacitinib)[1] (cont'd)

HYPERSENSITIVITY

RINVOQ is **contraindicated** in patients with known hypersensitivity to upadacitinib or any of its excipients. Serious hypersensitivity reactions, such as anaphylaxis and angioedema, were reported in patients receiving RINVOQ in clinical trials. If a clinically significant hypersensitivity reaction occurs, discontinue RINVOQ and institute appropriate therapy.

GASTROINTESTINAL PERFORATIONS

Gastrointestinal (GI) perforations have been reported in clinical trials with RINVOQ. Monitor RINVOQ-treated patients who may be at risk for gastrointestinal perforation (e.g., patients with a history of diverticulitis or taking NSAIDs). Promptly evaluate patients presenting with new onset abdominal pain for early identification of GI perforation.

LABORATORY ABNORMALITIES

Neutropenia

Treatment with RINVOQ was associated with an increased incidence of neutropenia (absolute neutrophil count [ANC] <1000 cells/mm^3). Treatment with RINVOQ is not recommended in patients with an ANC <1000 cells/mm^3. Evaluate neutrophil counts at baseline and thereafter according to routine patient management.

Lymphopenia

Absolute lymphocyte counts (ALC) <500 cells/mm^3 were reported in RINVOQ-treated patients. Treatment with RINVOQ is not recommended in patients with an ALC <500 cells/mm^3. Evaluate at baseline and thereafter according to routine patient management.

Anemia

Decreases in hemoglobin levels to <8 g/dL were reported in RINVOQ-treated patients. Treatment should not be initiated or should be interrupted in patients with hemoglobin levels <8 g/dL. Evaluate at baseline and thereafter according to routine patient management.

Lipids

Treatment with RINVOQ was associated with increases in lipid parameters, including total cholesterol, low-density lipoprotein (LDL) cholesterol, and high-density lipoprotein (HDL) cholesterol. Manage patients according to clinical guidelines for the management of hyperlipidemia. Evaluate patients 12 weeks after initiation of treatment and thereafter according to the clinical guidelines for hyperlipidemia.

Liver enzyme elevations

Treatment with RINVOQ was associated with increased incidence of liver enzyme elevation compared to placebo. Evaluate at baseline and thereafter according to routine patient management. Prompt investigation of the cause of liver enzyme elevation is recommended to identify potential cases of drug-induced liver injury. If increases in aspartate aminotransferase (AST) or alanine aminotransferase (ALT) are observed during routine patient management and drug-induced liver injury is suspected, RINVOQ should be interrupted until this diagnosis is excluded.

EMBRYO-FETAL TOXICITY

Based on findings in animal studies, RINVOQ may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with RINVOQ and for 4 weeks after the final dose. Verify pregnancy status of females of reproductive potential prior to starting treatment with RINVOQ.

VACCINATION

Avoid use of live vaccines during, or immediately prior to, RINVOQ therapy. Prior to initiating RINVOQ, patients should be brought up to date on all immunizations, including varicella zoster or prophylactic herpes zoster vaccinations, in agreement with current immunization guidelines.

LACTATION

There are no data on the presence of RINVOQ in human milk, the effects on the breastfed infant, or the effects on milk production. Available data in animals have shown the excretion of RINVOQ in milk. Advise patients that breastfeeding is not recommended during treatment with RINVOQ and for 6 days after the last dose.

HEPATIC IMPAIRMENT

RINVOQ is not recommended for use in patients with severe hepatic impairment.

ADVERSE REACTIONS

The most common adverse reactions in RINVOQ clinical trials were upper respiratory tract infections, herpes zoster, herpes simplex, bronchitis, nausea, cough, pyrexia, acne, headache, increased blood creatine phosphokinase, hypersensitivity, folliculitis, abdominal pain, increased weight, influenza, fatigue, neutropenia, myalgia, influenza-like illness, elevated liver enzymes, and rash.

Inform patients that retinal detachment has been reported in clinical trials with RINVOQ. Advise patients to immediately inform their healthcare provider if they develop any sudden changes in vision while receiving RINVOQ.

Dosage Forms and Strengths: RINVOQ is available in 15 mg, 30 mg, and 45 mg extended-release tablets.

Please see accompanying full Prescribing Information, including BOXED WARNING, or visit https://www.rxabbvie.com/pdf/rinvoq_pi.pdf

References: 1. RINVOQ [package insert]. North Chicago, IL: AbbVie Inc. **2**. Centers for Disease Control and Prevention. ICD-10-CM tabular list of diseases and injuries. Accessed April 1, 2022. https://www.cdc.gov/nchs/icd/icd10cm.htm

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