## **UPADACITINIB (RINVOQ®)**

## Summary sheet for physicians



#### Indication

Treatment of moderate to severe AD, in adolescents and adults (12 y.o. and older), with failure (or contraindication) to systemic tx (biological or systemic corticosteroid)

#### **Rx Interactions**

- Caution with strong CYP3A4 inhibitors (e.g. ketoconazole)
- Avoid with strong CYP3A4 inducers (e.g. rifampin)

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#### **Special clinical situations**

- If severe renal insufficiency: 15 mg po QD
- If mild or moderate hepatic impairment: ok
- If severe hepatic impairment: not recommended

#### **Pregnancy and breastfeeding**

Not recommended. Continue contraception 4 weeks after stopping Rinvog®

#### **Recommended dose**

- Teenagers (12 to 17 y.o., min 40 kg): 15 mg po QD
- Adults 18 to 64 y.o.: 15 mg po QD
- Consider 30 mg po die if severe disease or inadequate response
- Adults 65 y.o. and older: 15 mg po QD
- Available in tablets of : 15 and 30 mg



#### **Précautions**

- Thrombosis: Decision based on risk/benefit ratio.
  Take into account risk factors (in particular: pro-thrombotic medication, obesity, history of DVT/PE, known thrombophilia)
- Infections, including TB: Avoid Rinvoq<sup>®</sup> if active infection If new infection during tx: discontinue Rinvoq<sup>®</sup> until infection is controlled
- Neoplasia: Decision based on risk/benefit ratio

#### Vaccination

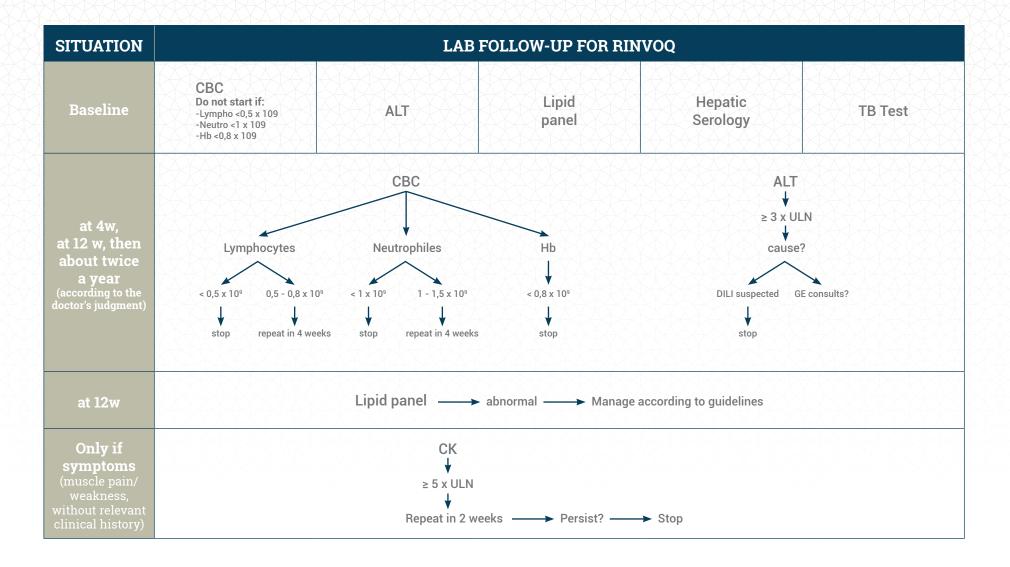
- Live attenuated vaccines: contraindicated during tx
- Update vaccination
- Consider Shingrix<sup>®</sup> vaccine (official indications = patients 50 y.o. and older + 18-49 y.o. with increased risk of shingles)



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Conception : Dr Helene Veillette Review (lab follow-up) : Dr Melinda Gooderham and Dr Mark Kirchhof © Copyright - BIDermato | Update : April 2022