

ABROCITINIB (CIBINQO®)

Summary sheet for physicians

CIBINQO®
abrocitinib tablets



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

- Avoid with CYP2C19 or CYP2C9 inducers
- Decrease dose (50%) with strong CYP2C19 or CYP2C9 inhibitors



Special clinical situations

- If severe or moderate renal insufficiency : give half dose
- If mild or moderate hepatic impairment: ok
- If severe hepatic impairment: not recommended



Pregnancy and breastfeeding

Not recommended. Continue contraception 4 weeks after stopping Cibinqo®



Recommended dose

- Teenagers (12 to 17 y.o.): 100 mg or 200 mg po QD
- Adults 18 to 64 y.o.: 100 mg or 200 mg po QD
- Adults 65 y.o. and older: Recommended initial dose of 100 mg po QD
- Available in tablets of : 50, 100 and 200 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 if active infection
If new infection during tx: discontinue Cibinqo® until infection is controlled
- **Neoplasia:** Decision based on risk/benefit ratio
- **Severe cardiovascular events:** Decision based on risk/benefit ratio



Vaccination

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

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SITUATION	LAB FOLLOW-UP FOR CIBINQO				
Baseline	CBC Do not start if: -Lympho $< 0,5 \times 10^9$ -Neutro $< 1 \times 10^9$ -Hb $< 0,8 \times 10^9$ -Platelets $< 150 \times 10^3$	ALT	Lipid panel	Hepatic Serology	TB Test
at 4w, at 12 w, then about twice a year (according to the doctor's judgment)	<pre> graph TD CBC --> Lymphocytes CBC --> Neutrophils CBC --> Hb CBC --> Platelets ALT --> ALT_3x[≥ 3 x ULN] ALT_3x --> Cause[cause?] Cause --> DILI[DILI suspected] Cause --> GE[GE consults?] DILI --> Stop1[stop] GE --> Repeat4[repeat in 4 weeks] Lymphocytes --> L1["< 0,5 x 10⁹"] Lymphocytes --> L2["0,5 - 0,8 x 10⁹"] L1 --> Stop2[stop] L2 --> Repeat4 Neutrophils --> N1["< 1 x 10⁹"] Neutrophils --> N2["1 - 1,5 x 10⁹"] N1 --> Stop3[stop] N2 --> Repeat4 Hb --> H1["< 0,8 x 10⁹"] H1 --> Stop4[stop] Platelets --> P1["< 50 x 10³"] Platelets --> P2["50 - 150 x 10³"] P1 --> Stop5[stop] P2 --> Repeat4 </pre>				
at 12w	Lipid panel → abnormal → Manage according to guidelines				
Only if symptoms (muscle pain/ weakness, without relevant clinical history)	<pre> graph TD CK --> CK_5x[≥ 5 x ULN] CK_5x --> Repeat2[Repeat in 2 weeks] Repeat2 --> Persist[Persist?] Persist --> Stop6[Stop] </pre>				