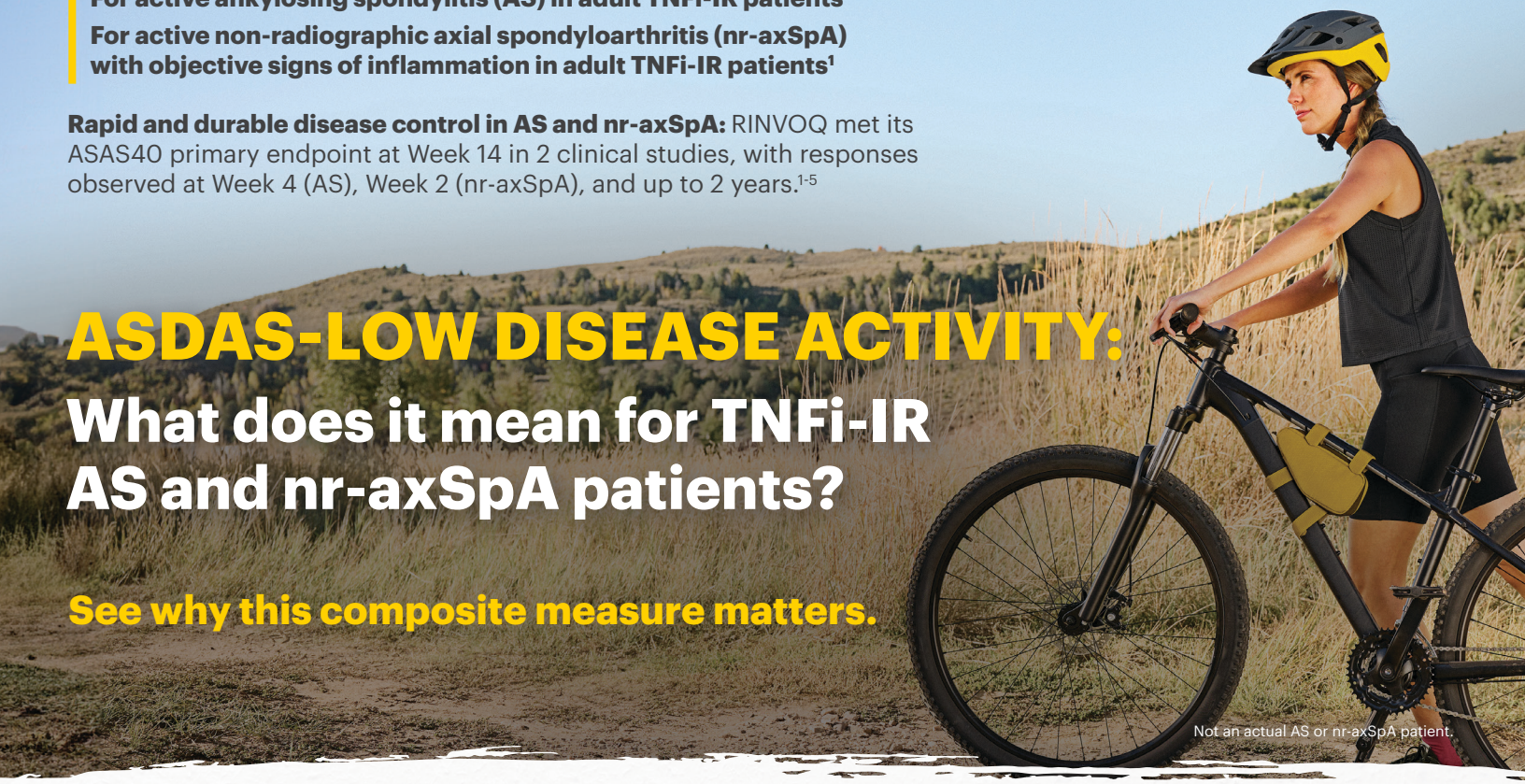
Inside: 2-year efficacy data

RINVOQ® upadacitinib

For active ankylosing spondylitis (AS) in adult TNFi-IR patients[1]

For active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation in adult TNFi-IR patients[1]

Rapid and durable disease control in AS and nr-axSpA: RINVOQ met its ASAS40 primary endpoint at Week 14 in 2 clinical studies, with responses observed at Week 4 (AS), Week 2 (nr-axSpA), and up to 2 years.[1-5]



ASDAS-LOW DISEASE ACTIVITY:

What does it mean for TNFi-IR AS and nr-axSpA patients?

See why this composite measure matters.

INDICATIONS[1]

RINVOQ is indicated for the treatment of:

- **Active ankylosing spondylitis (AS)** in adults who have had an inadequate response or intolerance to one or more tumor necrosis factor (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.

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 6-7.

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

ASAS=Assessment of SpondyloArthritis international Society; ASDAS=Ankylosing Spondylitis Disease Activity Score; IR=intolerance or inadequate response; TNFi=tumor necrosis factor inhibitor.

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ACHIEVE ASDAS-LDA *FAST*

Key results from SELECT-AXIS 2

ASAS40 at Week 14 (primary endpoint), NRI-MI[1]

- Study 1: AS (bDMARD-IR): 44.5% RINVOQ (n=211) vs 18.2% placebo (n=209)*
- Study 2: nr-axSpA (mixed†): 44.9% RINVOQ (n=156) vs 22.3% placebo (n=157)*

ASDAS-CRP low disease activity at Week 14 (ranked secondary endpoint), NRI-MI[2,3]

- Study 1: AS (bDMARD-IR): 44% RINVOQ (n=211) vs 10% placebo (n=209)*
- Study 2: nr-axSpA (mixed†): 42% RINVOQ (n=156) vs 18% placebo (n=157)*

ASDAS-CRP inactive disease at Week 14 (ranked secondary endpoint), NRI-MI[2,3]

- Study 1: AS (bDMARD-IR): 13% RINVOQ (n=211) vs 2% placebo (n=209)*
- Study 2: nr-axSpA (mixed†): 14% RINVOQ (n=156) vs 5% placebo (n=157)

*$P<0.0001$.[2,3,6]
†Mixed=67% bDMARD-naive and 33% bDMARD-IR.[3]

SELECT-AXIS 2 study 1: AS design intro[1,2]
A 14-week, double-blind, parallel-group, placebo-controlled Phase 3 study of 420 patients with active AS who had an intolerance or inadequate response to at least 2 NSAIDs and 1 or 2 bDMARDs. Patients were randomized to receive RINVOQ 15 mg once daily or placebo. Patients could continue background NSAIDs. After completing Week 14, all patients received RINVOQ and entered a 90-week open-label extension.

SELECT-AXIS 2 study 2: nr-axSpA design intro[1,3]
A 52-week, double-blind, placebo-controlled Phase 3 study of 313 patients with nr-axSpA and 1 objective sign of active inflammation based on MRI of the sacroiliac joints and/or hs-CRP greater than the upper limit of normal (ULN; 2.87 mg/L). Patients had an intolerance or inadequate response to at least 2 NSAIDs and, in 33%, to 1 bDMARD. Patients were randomized to receive RINVOQ 15 mg once daily or placebo. Patients could continue background NSAIDs. After completing Week 52, all patients received RINVOQ and entered a 52-week open-label extension.

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.

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ASAS=Assessment of SpondyloArthritis international Society; ASDAS=Ankylosing Spondylitis Disease Activity Score; bDMARD=biologic disease-modifying anti-rheumatic drug; CRP=C-reactive protein; hs=high-sensitivity; IR=intolerance or inadequate response; LDA=low disease activity; MRI=magnetic resonance imaging; NRI-MI=nonresponder imputation incorporating multiple imputation to handle missing data due to COVID-19; NSAID=nonsteroidal anti-inflammatory drug; ULN=upper limit of normal.

ASDAS-LDA: A COMPOSITE MEASURE OF DISEASE ACTIVITY IN AS AND nr-axSpA

The ASDAS-CRP score is a composite measure that assesses common patient symptoms and an objective sign of inflammation.[7]

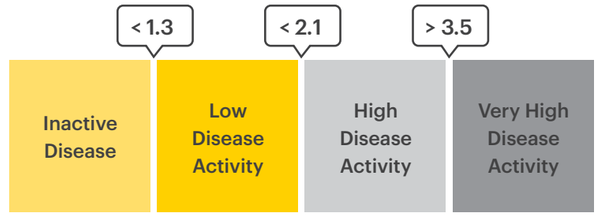
RINVOQ® upadacitinib

ASDAS-CRP disease activity state components

A patient's ASDAS-CRP score is calculated by assessing the following components:[7]

- Back Pain
- Duration of Morning Stiffness
- Patient Global Assessment
- Peripheral Joint Pain/Swelling
- Inflammation (CRP)

ASDAS disease activity states



ASDAS low disease activity (LDA) is one of 4 disease activity states defined by the above cutoffs in the ASDAS score[8]

Achieving ASDAS-LDA may indicate disease control—making it a measure to strive for in patients with AS or nr-axSpA.

ACHIEVE ASDAS-LDA *FAST*
... AND DISEASE CONTROL THAT'S SHOWN TO *LAST*

RINVOQ® upadacitinib

Rapid and durable ASDAS-CRP low disease activity rates with RINVOQ[2-5]

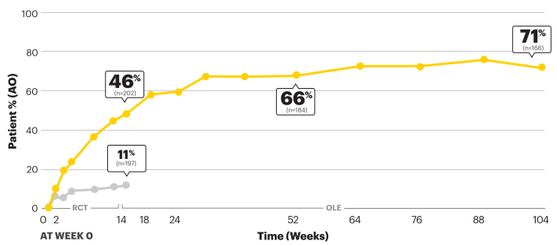
SELECT-AXIS 2: ASDAS-CRP low disease activity up to 2 years[2-5]

ALL DATA ARE AS OBSERVED (AO)

Study 1: AS (bDMARD-IR)

● RINVOQ 15 mg QD ● Placebo

Almost 3 OUT OF 4 (71%) of RINVOQ patients achieved ASDAS LDA at 2 years[4]



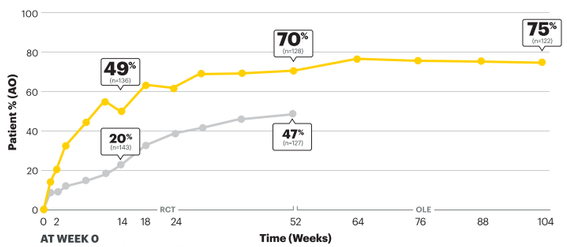
n=211 (RINVOQ), n=209 (PBO)

RINVOQ is indicated for TNFi-IR patients

Study 2: nr-axSpA (mixed*)

● RINVOQ 15 mg QD ● Placebo

3 OUT OF 4 (75%) of RINVOQ patients achieved ASDAS LDA at 2 years[5]



n=156 (RINVOQ), n=157 (PBO)

RINVOQ is indicated for TNFi-IR patients

*Mixed=67% bDMARD-naive and 33% bDMARD-IR.[3]

See page 2 for ASDAS-LDA at Week 14 (NRI-MI).

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

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MALIGNANCIES

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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.

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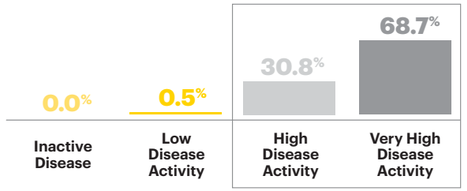
Distribution of RINVOQ patients by ASDAS-CRP state at baseline[9]

ALL DATA ARE AS OBSERVED (AO)

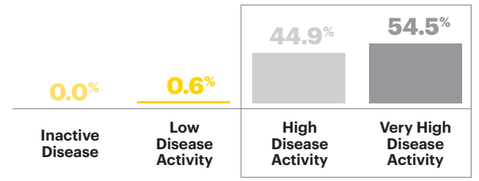
SELECT-AXIS 2 Study 1: AS (bDMARD-IR)

~99% of AS patients (n=211) started in high or very high disease activity at baseline[9]



SELECT-AXIS 2 Study 2: nr-axSpA (mixed*)

~99% of nr-axSpA patients (n=156) started in high or very high disease activity at baseline[9]

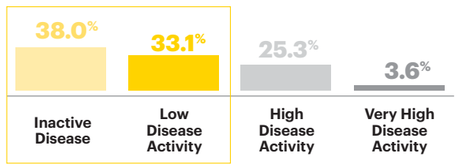


Distribution of RINVOQ patients by ASDAS-CRP state at 2 years[4,5]

ALL DATA ARE AS OBSERVED (AO)

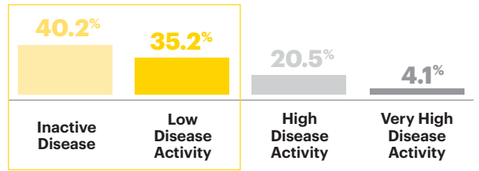
SELECT-AXIS 2 Study 1: AS (bDMARD-IR)

71% of AS patients (n=166) achieved ASDAS low or inactive disease activity at 2 years[4]



SELECT-AXIS 2 Study 2: nr-axSpA (mixed*)

75% of nr-axSpA patients (n=122) achieved ASDAS low or inactive disease activity at 2 years[5]



*Mixed=67% bDMARD-naive and 33% bDMARD-IR.[3]

In an **As Observed (AO)** analysis, patients with missing data at a specific time are not included, which may enrich the population and increase the response rates.

OLE LIMITATIONS: There is potential for enrichment of OLE data; unblinding patients may cause bias related to overall treatment effect.

ASDAS=Ankylosing Spondylitis Disease Activity Score; bDMARD=biological disease-modifying antirheumatic drug; CRP=C-reactive protein; IR=intolerance or inadequate response; LDA=low disease activity; NRI-MI=nonresponder imputation incorporating multiple imputation to handle missing data due to COVID-19; OLE=open-label extension.

IMPORTANT SAFETY INFORMATION[1]

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.

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 and patients taking NSAIDs or corticosteroids). 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 prophylactic varicella zoster or herpes zoster vaccinations, in agreement with current immunization guidelines.

MEDICATION RESIDUE IN STOOL

Reports of medication residue in stool or ostomy output have occurred in patients taking RINVOQ. Most reports described anatomic or functional GI conditions with shortened GI transit times. Instruct patients to contact their healthcare provider if medication residue is observed repeatedly. Monitor patients clinically and consider alternative treatment if there is an inadequate therapeutic response.

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, rash, and anemia.

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 www.rxabbvie.com/pdf/rinvoq_pi.pdf.

References:

1. RINVOQ [package insert]. North Chicago, IL: AbbVie Inc.
2. van der Heijde D, Baraliakos X, Sieper J, et al. Efficacy and safety of upadacitinib for active ankylosing spondylitis refractory to biological therapy: a double-blind, randomised, placebo-controlled phase 3 trial. *Ann Rheum Dis.* 2022;81(11):1515-1523. doi:10.1136/ard-2022-222608
3. Deodhar A, Van den Bosch F, Poddubnyy D, et al. Upadacitinib for the treatment of active non-radiographic axial spondyloarthritis (SELECT-AXIS 2): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet.* 2022;400(10349):369-379. doi:10.1016/S0140-6736(22)01212-0
4. Data on file, AbbVie Inc. ABVRRTI77281.
5. Data on file, AbbVie Inc. ABVRRTI77283.
6. Data on file, AbbVie Inc. ABVRRTI74887.
7. Landewé R, van Tubergen A. Clinical tools to assess and monitor spondyloarthritis. *Curr Rheumatol Rep.* 2015;17(7):47. doi:10.1007/s11926-015-0522-3
8. Machado PM, Raychaudhuri SP. Disease activity measurements and monitoring in psoriatic arthritis and axial spondyloarthritis. *Best Pract Res Clin Rheumatol.* 2014;28(5):711-728. doi:10.1016/j.berh.2014.10.004
9. Data on file, AbbVie Inc. ABVRRTI76700.

For active ankylosing spondylitis (AS) in adult TNFi-IR patients[1]
For active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation in adult TNFi-IR patients[1]

RINVOQ® upadacitinib

CONTROL THAT'S *FAST* AND SHOWN TO *LAST*

AS **and** ***NR-AXSPA*** **patients met ASAS40 at Week 14 (primary endpoint) and disease control through ASDAS-low disease activity at Week 14 (ranked secondary endpoint) with responses observed at 2 years[1-5]**

SELECT-AXIS 2: ASDAS LDA at Week 14 (Ranked Secondary Endpoint, NRI-MI), Study 1 (44% RINVOQ 15 mg [n=211] vs 10% PBO [n=209], AS; *P*<0.0001) and Study 2 (42% RINVOQ 15 mg [n=156] vs 18% PBO [n=157], nr-axSpA; *P*<0.0001)[2-5]

- **ASDAS LDA at Year 2** (as observed [AO]), Study 1 (71% RINVOQ 15 mg [n=166], AS) and Study 2 (75% RINVOQ 15 mg [n=122], nr-axSpA)[4,5]
- **ASAS40 at Week 14** (Primary Endpoint, NRI-MI), Study 1 (44.5% RINVOQ 15 mg [n=211] vs 18.2% PBO [n=209], AS; *P*<0.0001) and Study 2 (44.9% RINVOQ 15 mg [n=156] vs 22.3% PBO [n=157], nr-axSpA; *P*<0.0001)[1-3,6]

DATA LIMITATIONS: Data not labeled as a primary or ranked secondary endpoint were prespecified nonranked endpoints not controlled for multiplicity; therefore, treatment differences could represent chance findings. No conclusions regarding these comparisons can be made.

In an **As Observed (AO)** analysis, patients with missing data at a specific time are not included, which may enrich the population and increase the response rates.

OLE LIMITATIONS: There is potential for enrichment of OLE data; unblinding patients may cause bias related to the overall treatment effect.

SELECT-AXIS 2 STUDY 1: 14-week, double-blind, parallel-group, placebo-controlled Phase 3 study of 420 patients with active AS who had an intolerance or inadequate response to at least 2 NSAIDs and 1 or 2 bDMARDs. Patients were randomized to receive RINVOQ 15 mg once daily (n=211) or placebo (n=209). Patients could continue background NSAIDs. After completing Week 14, all patients received RINVOQ and entered a 90-week open-label extension.[1,2]

SELECT-AXIS 2 STUDY 2: 52-week, double-blind, placebo-controlled Phase 3 study of 313 patients with nr-axSpA and 1 objective sign of active inflammation based on MRI of the sacroiliac joints and/or hs-CRP greater than the upper limit of normal (ULN; 2.87 mg/L). Patients had an intolerance or inadequate response to at least 2 NSAIDs and, in 33%, to 1 bDMARD. Patients were randomized to receive RINVOQ 15 mg once daily (n=156) or placebo (n=157). Patients could continue background NSAIDs. After completing Week 52, all patients received RINVOQ and entered a 52-week open-label extension.[1,3]

SAFETY CONSIDERATIONS[1]

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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.

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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 Important Safety Information, including BOXED WARNING on Serious Infections, Mortality, Malignancies, Major Adverse Cardiovascular Events, and Thrombosis, on pages 6-7.

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

ASAS=Assessment of SpondyloArthritis international Society; ASDAS=Ankylosing Spondylitis Disease Activity Score; bDMARD=biological disease-modifying antirheumatic drug; hs-CRP=high-sensitivity C-reactive protein; IR=intolerance or inadequate response; LDA=low disease activity; MRI=magnetic resonance imaging; NRI-MI=nonresponder imputation incorporating multiple imputation to handle missing data due to COVID-19; NSAID=nonsteroidal anti-inflammatory drug; OLE=open-label extension; PBO=placebo; TNFi=tumor necrosis factor inhibitor.

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