RINVOQ® upadacitinib

HIT BACK AGAINST CD AND UC

with RINVOQ

The only once-daily pill indicated for both moderate to severe CD and UC[1]

RINVOQ is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.[1]

RINVOQ is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.[1]

▽ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

CD: Crohn's disease; **UC:** ulcerative colitis.

ALL-RNQG-230158 January 2024

abbvie

CD >>

MODERATE TO SEVERE CROHN'S DISEASE

UC >>

MODERATE TO SEVERE ULCERATIVE COLITIS

RINVOQ®▽ (upadacitinib): the first and only once-daily, oral advanced therapy for moderately to severely active Crohn's disease[1]:

RINVOQ achieved its co-primary endpoints of endoscopic response and clinical remission at Week 12 (induction) and Week 52 (maintenance)[1]

MUCOSAL HEALING[1]*
at Week 12 and Week 52.†

RAPID RESPONSE, DURABLE REMISSION
With the possibility to taper off steroids early.[1]
Clinical response as early as Week 2 and clinical remission maintained to Week 52.[1] Corticosteroid-free clinical remission achieved at Week 12 and Week 52.[1]‡

WELL-CHARACTERIZED SAFETY PROFILE[1]
in 20 Phase 3 clinical trials across 7 approved indications in rheumatology, dermatology, and gastroenterology.[1,2,3]

INDICATION: RINVOQ is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.[1]

*Mucosal healing is defined as SES-CD ulcerated surface subscore of 0 in patients with SES-CD ulcerated surface subscore ≥1 at baseline. †Additional endpoint; not multiplicity-controlled. ‡Steroid taper starting at Week 4.[1]

SEE THE FULL SAFETY AND PRESCRIBING INFORMATION

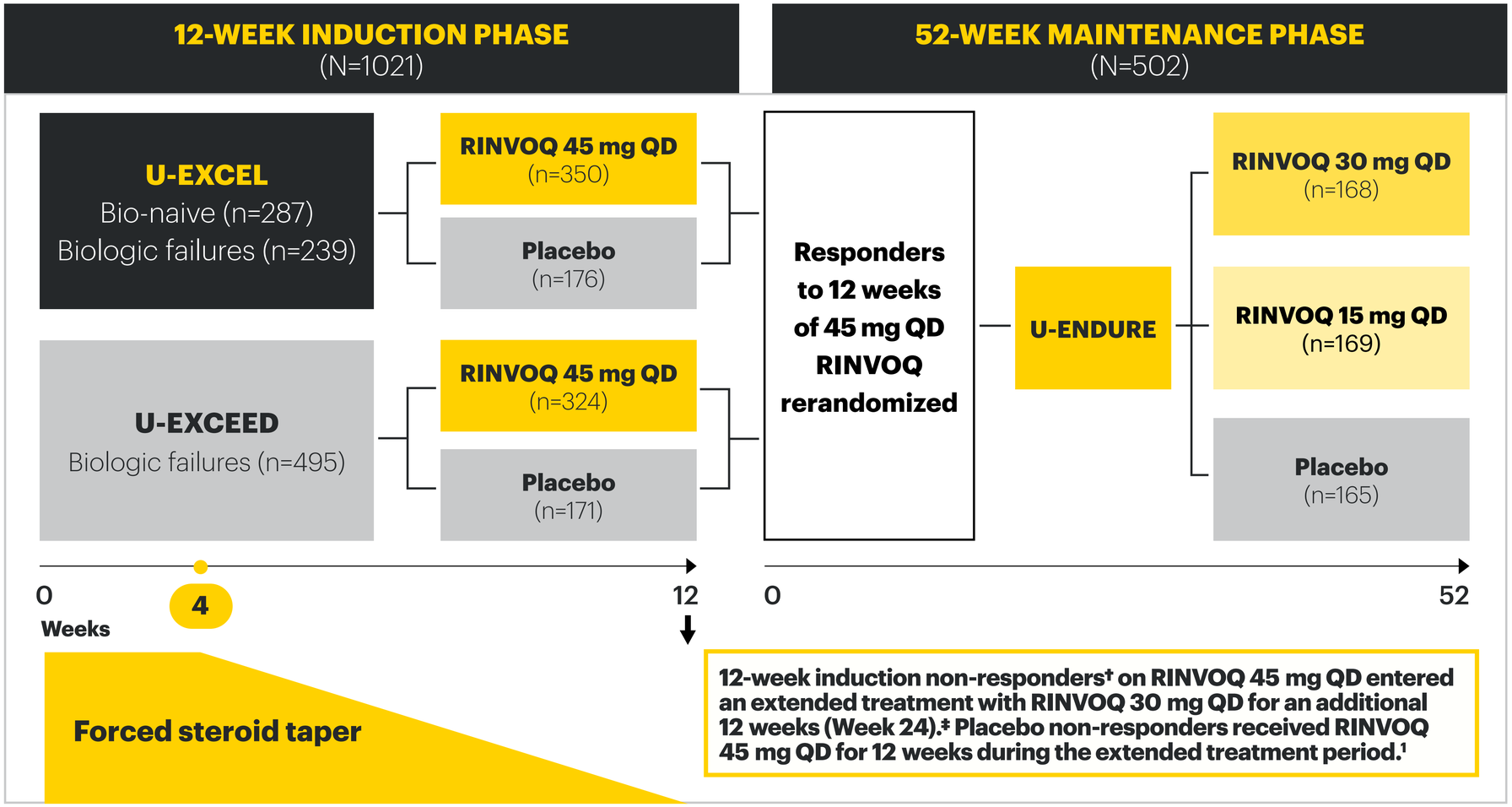
▽ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

RINVOQ®▽
upadacitinib

UNIQUE STUDY DESIGN[1,4,5]

BASELINE CHARACTERISTICS

THREE PHASE 3 STUDIES COMPARED RINVOQ VS PLACEBO[1]



***RINVOQ has the first studies to date with a forced steroid taper during induction.**

The studies included stringent co-primary endpoints of endoscopic response and clinical remission.

The studies included a mix of patients who are bio-naive and refractory.[1,4,5§]

At baseline in U-EXCEL and U-EXCEED, 36% and 34% of patients received steroids, respectively.[1] Among the subset of patients who were on steroids at induction baseline, 38% (n=63) in RINVOQ 15 mg QD group, 38% (n=63) in RINVOQ 30 mg QD group, and 5% (n=61) in placebo were steroid-free for 90 days prior to Week 52 and in clinical remission.[1] **Bio-naive:** Inadequate response or intolerance to treatment with conventional therapies but not to biologic therapy. **Biologic failures:** Inadequate response or intolerance to 1 or more biologic therapies.

†Patients who did not achieve clinical response (SF/APS) at Week 12. ‡Patients who responded to 24 weeks of RINVOQ treatment entered a separate cohort of U-ENDURE.

§Refractory population based on percentage of patients treated with more than 1 prior biologic.

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KEY BASELINE DISEASE CHARACTERISTICS[4]

INDUCTION | MAINTENANCE

Variable	INDUCTION U-EXCEL: Placebo (n=176)	INDUCTION U-EXCEL: RINVOQ 45 mg QD (n=350)	INDUCTION U-EXCEED: Placebo (n=171)	INDUCTION U-EXCEED: RINVOQ 45 mg QD (n=324)
Disease duration (years), median (range)	5.7 (0.3, 46.3)	6.7 (0.1, 52.1)	9.8 (0.6, 46.1)	9.3 (0.5, 55.2)
CDAI,*† mean (SD)	293.9 (85.4)	292.4 (81.3)	308.1 (84.3)	306.6 (89.4)
SES-CD,* mean (SD)	13.6 (7.0)	13.7 (7.3)	14.9 (7.8)	15.2 (7.8)
FC (g/g), median (range)†	949.0 (30, 24234)	904.0 (30, 28800)	1115.0 (30,19104)	1041.0 (30, 28800)
CRP (mg/L), median (range)†	7.0 (0.2, 113.0)	8.2 (0.2, 120.0)	9.5 (0.4, 126.0)	10.5 (0.2, 144.0)
Concomitant corticosteroid use,* n (%)	64 (36.4)	126 (36.0)	60 (35.1)	108 (33.3)
Concomitant aminosalicylates use, n (%)	50 (28.4)	81 (23.1)	29 (17.0)	47 (14.5)
Concomitant immunosuppressant use, n (%)	3 (1.7)	13 (3.7)	13 (7.6)	24 (7.4)
Prior biologics failure,* n (%)				
0	98 (55.7)†	189 (54.0)†	0	0
1‡	28 (35.9)	58 (36.0)	68 (39.8)	126 (38.9)
2‡	24 (30.8)	52 (32.3)	55 (32.2)	92 (28.4)
≥3‡	26 (33.3)	51 (31.7)	48 (28.1)	106 (32.7)
Prior failure to TNF inhibitor‡, n (%)	75 (96.2)	157 (97.5)	164 (95.9)	308 (95.1)

The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction.[2]
*Stratification factors for randomization.
†CDAI: U-EXCEL: placebo n=176, RINVOQ 45 mg QD n=349; U-EXCEED: placebo n=171, RINVOQ 45 mg QD n=322. FC: U-EXCEL: placebo n=161, RINVOQ 45 mg QD=319; U-EXCEED: placebo n=159, RINVOQ 45 mg QD n=298. CRP: U-EXCEL: placebo n=176, RINVOQ 45 mg QD n=341; U-EXCEED: placebo n=163, RINVOQ 45 mg QD n=319. History of conventional therapy failure only. ‡Among patients with ≥1 prior biologic failure.

KEY BASELINE DISEASE CHARACTERISTICS[4]

INDUCTION | MAINTENANCE

Variable	MAINTENANCE (U-ENDURE) Placebo (n=165)	RINVOQ 15 mg QD (n=169)	RINVOQ 30 mg QD (n=168)
Disease duration (years), median (range)	7.6 (0.3, 48.7)	7.9 (0.3, 40.1)	7.2 (0.3, 44.9)
CDAI,*† mean (SD)	308.4 (82.3)	300.8 (90.8)	312.1 (75.4)
SES-CD,* mean (SD)	14.8 (7.7)	15.8 (7.6)	15.5 (8.1)
FC (g/g), median (range)†	1102.5 (30, 17033)	1658.0 (30, 28800)	1221.0 (30, 28800)
CRP (mg/L), median (range)†	8.9 (0.2, 96.7)	10.7 (0.2, 110.0)	9.3 (0.2, 124.0)
Concomitant corticosteroid use,* n (%)	61 (37.0)	63 (37.3)	63 (37.5)
Concomitant aminosalicylates use, n (%)	33 (20.0)	36 (21.3)	26 (15.5)
Concomitant immunosuppressant use, n (%)	11 (6.7)	5 (3.0)	9 (5.4)
Prior biologics failure,* n (%)			
0	39 (23.6)	45 (26.6)	41 (24.4)
1‡	52 (41.3)	52 (41.9)	43 (33.9)
2‡	32 (25.4)	31 (25.0)	35 (27.6)
≥3‡	42 (33.3)	41 (33.1)	49 (38.6)
Prior failure to TNF inhibitor‡, n (%)	118 (93.7)	117 (94.4)	123 (96.9)

The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment.[1]
*Stratification factors for randomization.
†CDAI: placebo n=164, RINVOQ 15 mg QD n=168, RINVOQ 30 mg QD n=168. FC: placebo n=156, RINVOQ 15 mg QD n=151, RINVOQ 30 mg QD n=148. CRP: placebo n=162, RINVOQ 15 mg QD n=164, RINVOQ 30 mg QD n=164. ‡Among patients with ≥1 prior biologic failure.

RESULTS PATIENTS CAN FEEL AND YOU CAN SEE
RINVOQ MET ALL PRIMARY ENDPOINTS[1]

ENDOSCOPIC RESPONSE BY BIOLOGIC EXPOSURE

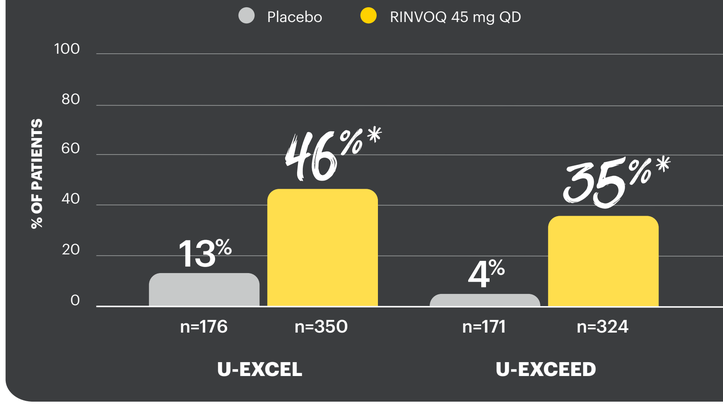
CLINICAL REMISSION BY BIOLOGIC EXPOSURE

ENDOSCOPIC RESPONSE (SES-CD)

Decrease in SES-CD >50% from baseline of the induction study (or for patients with an SES-CD of 4 at baseline of the induction study, at least a 2-point reduction from baseline of the induction study)

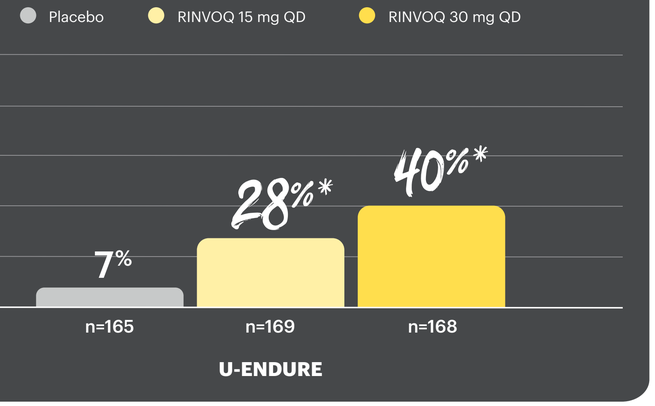
INDUCTION

Co-primary endpoint



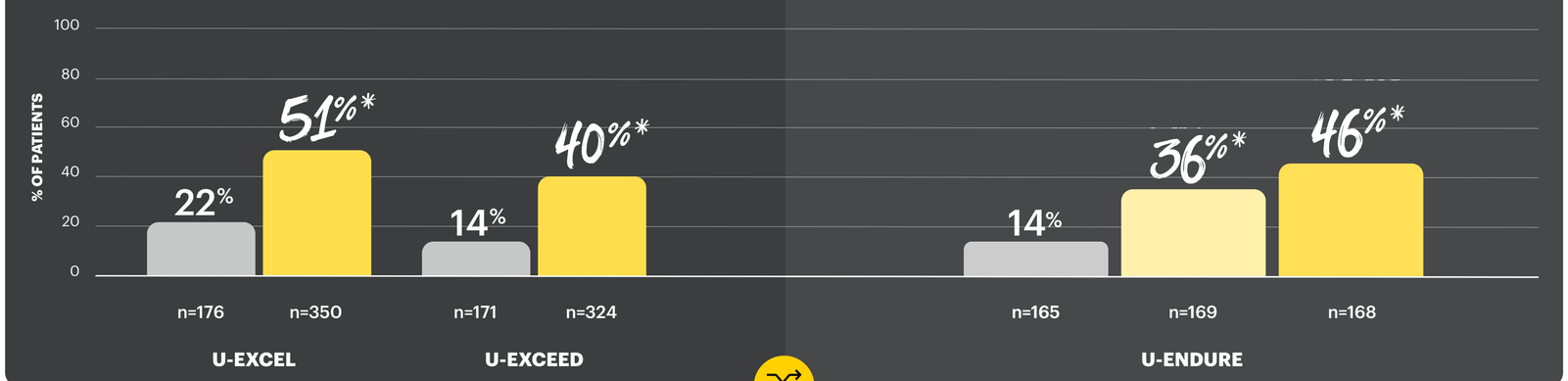
MAINTENANCE

Co-primary endpoint



CLINICAL REMISSION (SE/APS)

Average daily SF ≤2.8 and ≤1.0 and neither greater than baseline



RERANDOMIZATION OF RESPONDERS TO 12 WEEKS OF RINVOQ 45 MG INDUCTION TREATMENT[1]

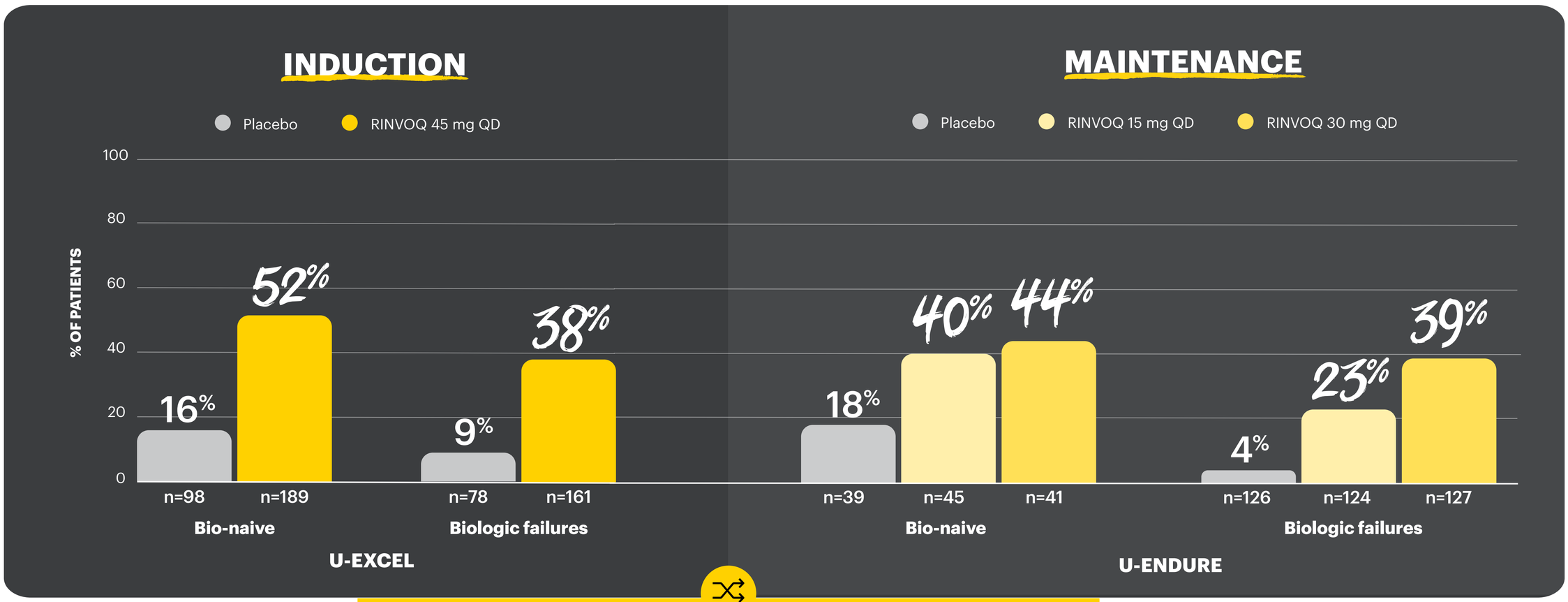
*P<0.001; RINVOQ vs placebo.

The efficacy and safety data for RINVOQ in CD and UC are based on several Phase 3 clinical trials, with differing patient populations and trial designs. No comparisons should be made between efficacy and safety results of RINVOQ in CD and UC.

RINVOQ® upadacitinib

EARLY AND LONG-TERM ENDOSCOPIC RESPONSE BY PREVIOUS BIOLOGIC EXPOSURE[1]

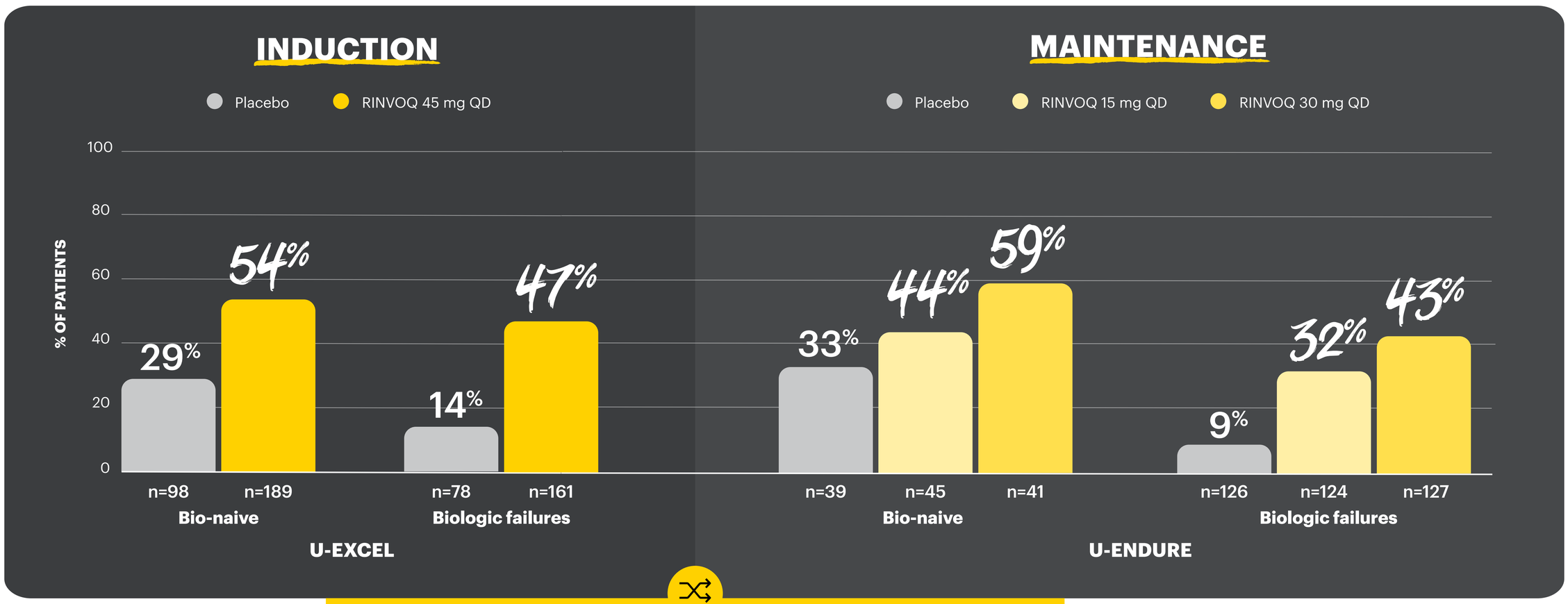
Subgroup analysis at Induction Week 12 and Maintenance Week 52[1]



The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction.[4] The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment.[1] Endoscopic response with or without previous biologic failure was not a multiplicity-controlled endpoint. **Endoscopic response (co-primary endpoint):** decrease in SES-CD >50% from baseline of the induction study (or for patients with an SES-CD of 4 at baseline of the induction study, at least a 2-point reduction from baseline of the induction study). **Bio-naive:** inadequate response or intolerance to treatment with conventional therapies but not to biologic therapy. **Biologic failures:** inadequate response or intolerance to 1 or more biologic therapies.[4] **Data limitations:** These analyses are not powered or tested to demonstrate a statistically significant difference in treatment effect; no statistical inferences can be made.

CLINICAL REMISSION (SF/APS) BY PREVIOUS BIOLOGIC EXPOSURE[1]

Subgroup analysis at Induction Week 12 and Maintenance Week 52[1]



The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction.[4] The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment.[1] Clinical remission (SF/APS) with or without previous biologic failure was not a multiplicity-controlled endpoint. **Clinical remission (co-primary endpoint; SF/APS):** average daily SF ≤2.8 and APS ≤1.0 and neither greater than baseline. **Bio-naive:** inadequate response or intolerance to treatment with conventional therapies but not to biologic therapy. **Biologic failures:** inadequate response or intolerance to 1 or more biologic therapies.[4] **Data limitations:** These analyses are not powered or tested to demonstrate a statistically significant difference in treatment effect; no statistical inferences can be made.

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RAPID RESPONSE, DURABLE REMISSION[1,4]

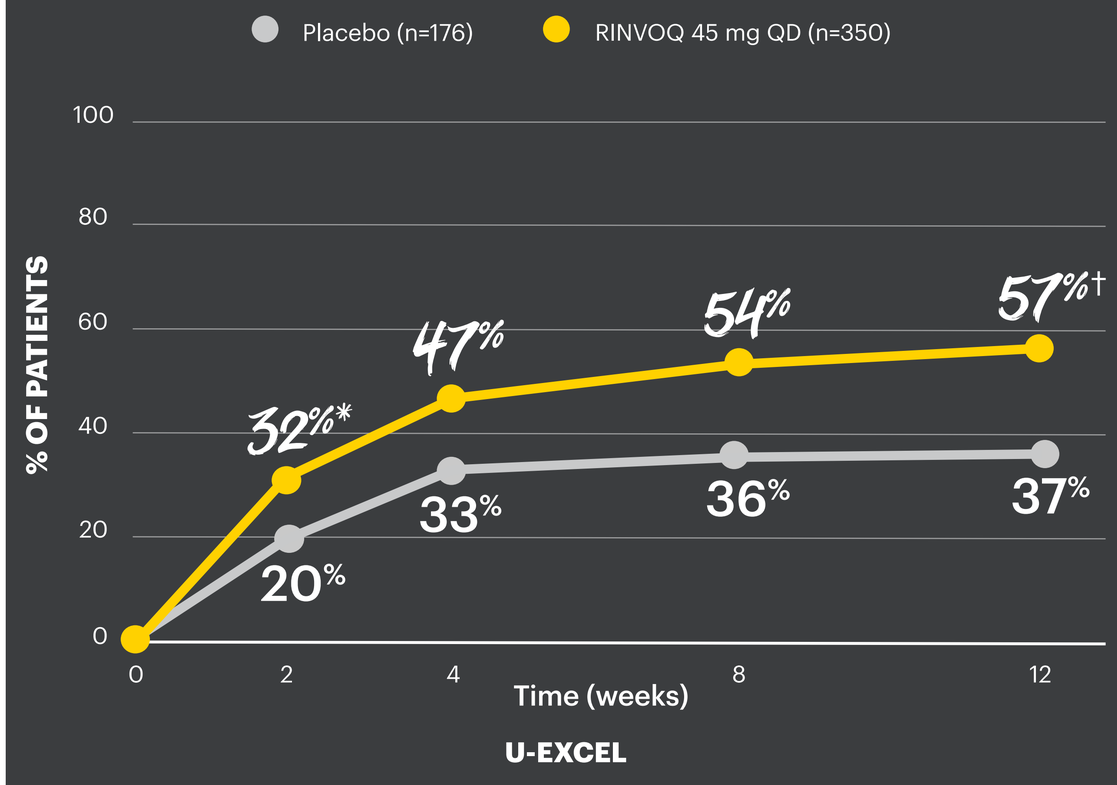
U-EXCEL | U-EXCEED

Clinical response (CR-100) as early as Induction Week 2 and clinical remission maintained to Maintenance Week 52 [1,4]

DAILY RESPONSE

CLINICAL RESPONSE (CR-100)[1]

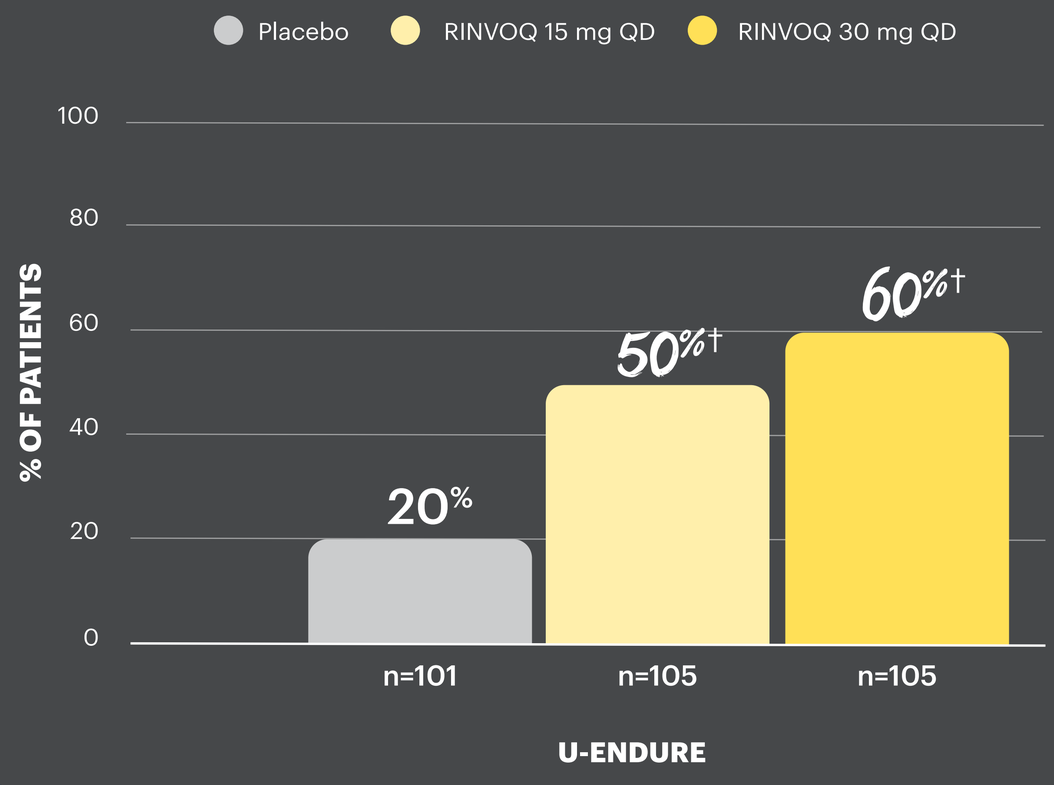
Secondary, multiplicity-controlled endpoints
at Weeks 2 and 12
Induction Weeks 0-12



U-EXCEL

MAINTENANCE OF CLINICAL REMISSION

Secondary, multiplicity-controlled endpoint



U-ENDURE

RERANDOMIZATION OF RESPONDERS TO 12 WEEKS OF RINVOQ 45 MG INDUCTION TREATMENT[1]

The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction.[4] The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment.[1] **Clinical response (CR-100):** decrease of at least 100 points in CDAI from baseline. **Maintenance of clinical remission (SF/APS):** achievement of clinical remission (SF/APS) at Week 52 in patients who achieved clinical remission at the entry of the maintenance study. **Clinical remission (co-primary endpoint; SF/APS):** average daily SF ≤2.8 and APS ≤1.0 and neither greater than baseline.
*P<0.01; RINVOQ vs placebo. †P<0.001; RINVOQ vs placebo.[1]

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RAPID RESPONSE, DURABLE REMISSION[1,4]

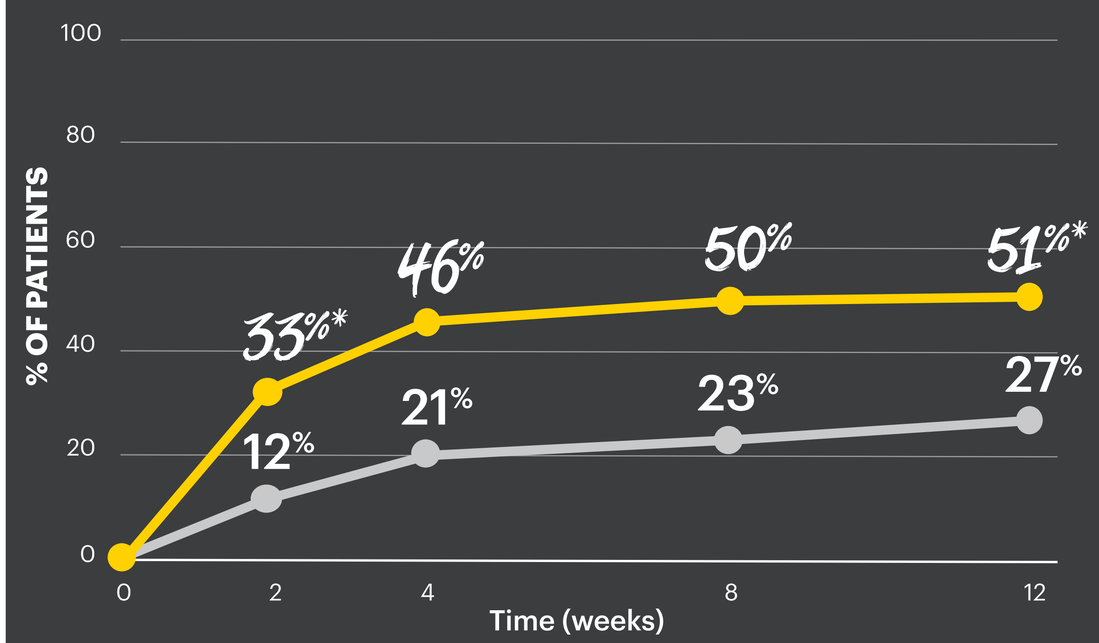
U-EXCEL | U-EXCEED

Clinical response (CR-100) as early as Induction Week 2 and clinical remission maintained to Maintenance Week 52[1,4]

DAILY RESPONSE

CLINICAL RESPONSE (CR-100)

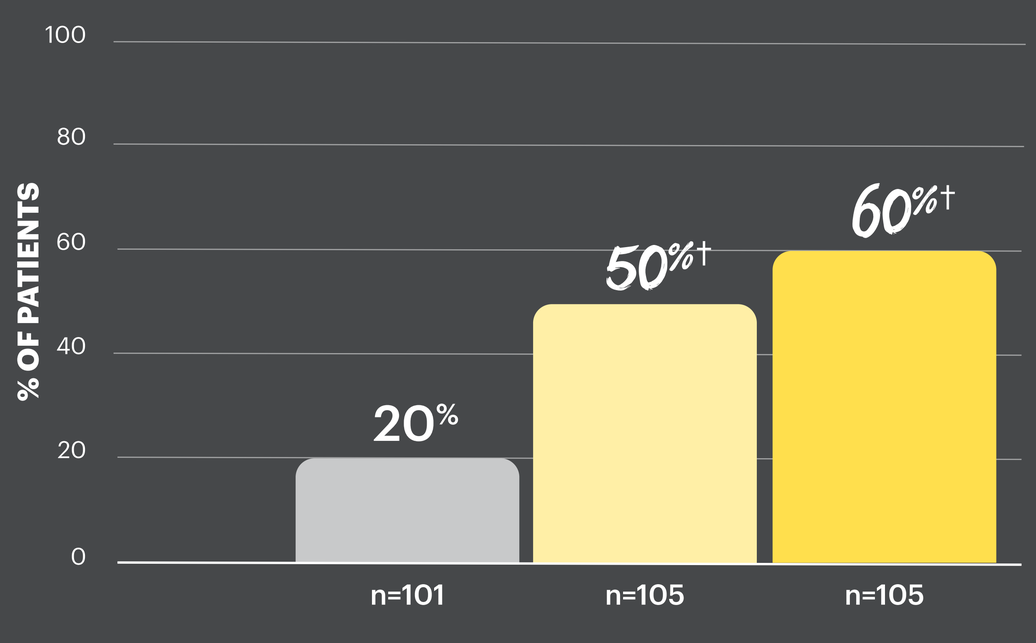
Secondary, multiplicity-controlled endpoints
at Weeks 2 and 12
Induction Weeks 0-12



U-EXCEED

MAINTENANCE OF CLINICAL REMISSION

Secondary, multiplicity-controlled endpoint



U-ENDURE

RERANDOMIZATION OF RESPONDERS TO 12 WEEKS OF RINVOQ 45 MG INDUCTION TREATMENT[1]

The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction.[4] The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment.[1] **Clinical response (CR-100):** decrease of at least 100 points in CDAI from baseline. **Maintenance of clinical remission (SF/APS):** achievement of clinical remission (SF/APS) at Week 52 in patients who achieved clinical remission at the entry of the maintenance study. **Clinical remission (co-primary endpoint; SF/APS):** average daily SF ≤2.8 and APS ≤1.0 and neither greater than baseline.
*P<0.01; RINVOQ vs placebo. †P<0.001; RINVOQ vs placebo.[1]

RINVOQ® upadacitinib

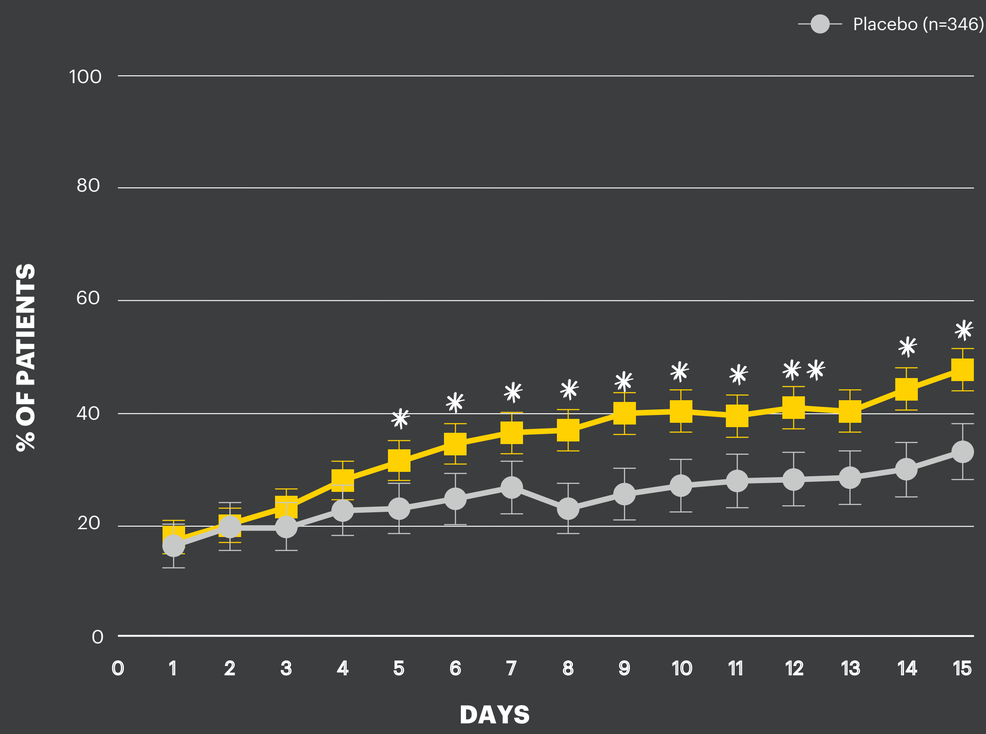
DAILY SYMPTOM RESPONSE UP TO DAY 15

POST HOC ANALYSIS OF U-EXCEL AND U-EXCEED (POOLED)[6]

INDUCTION TRIAL

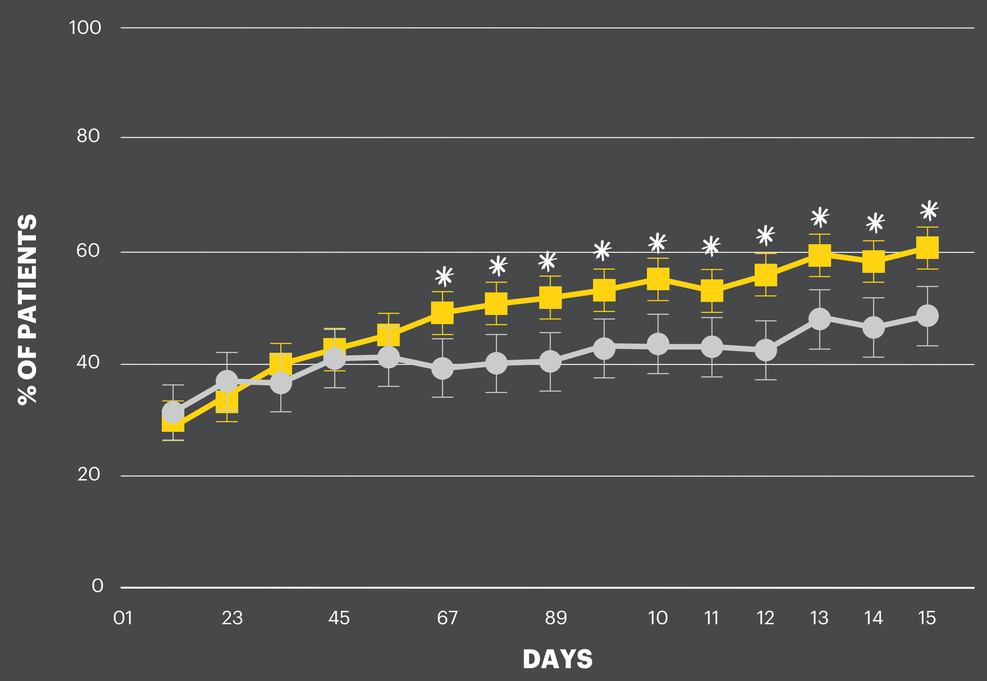
STOOL FREQUENCY

Secondary, multiplicity-controlled endpoint



ABDOMINAL PAIN

Secondary, multiplicity-controlled endpoint

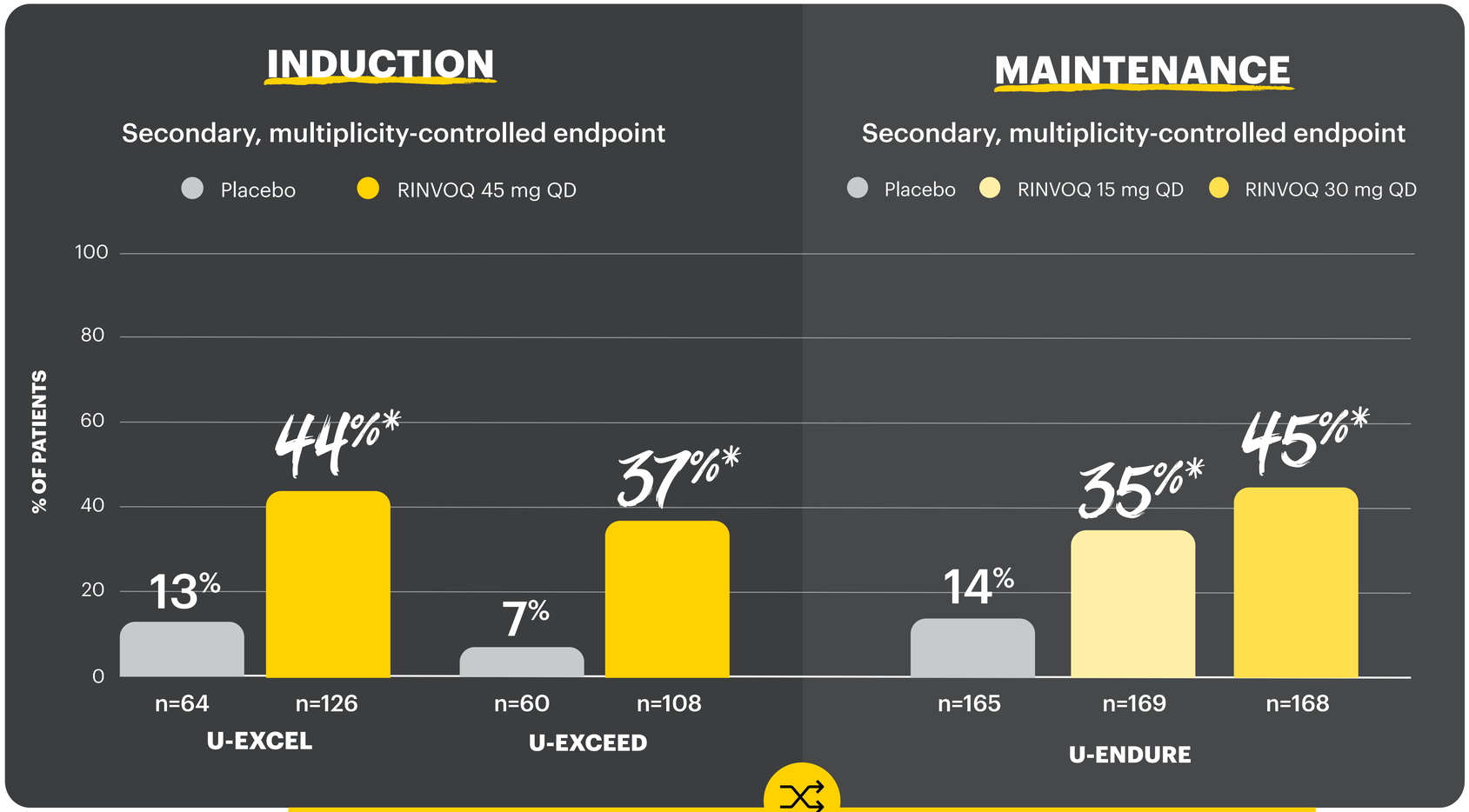


*Nominal *P*<0.05 vs placebo; no clinical inferences can be drawn from these data. Error bars show 95% CI.
POST HOC LIMITATIONS: Post hoc analyses of data are taken from completed clinical trials. All endpoints analyzed in a post hoc analysis were not pre-specified in the original trial and lack multiplicity control. These data are hypothesis-generating only; *P*-values are nominal, and no clinical or statistical conclusions can be drawn.

RINVOQ® upadacitinib

EARLY AND LONG-TERM STEROID-FREE CLINICAL REMISSION (SF/APS) ACHIEVED AT INDUCTION WEEK 12 AND MAINTENANCE WEEK 52[1]

Induction with the possibility to discontinue steroids early[1]



POST HOC CALCULATION

NOTE TO AFFILIATES:

Data on File to be utilized according to local standards, codes, and regulations.

At Week 52, **45%** of patients taking RINVOQ 30 mg QD and **35%** of patients on RINVOQ 15 mg QD achieved steroid-free clinical remission (secondary endpoint) vs **14%** of patients on placebo (n=168, 169, and 165, respectively)[1]

Percentage calculated from post hoc analysis[7]

97%
(n=134/138)

of patients in clinical remission (SF/APS) at 52 weeks were steroid-free[37†]

The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction.[4] The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment.[1] **Induction steroid-free clinical remission (SF/APS):** discontinuation of steroids and achievement of clinical remission (average daily SF ≤2.8 and APS ≤1.0 and neither greater than baseline) among patients on steroids at baseline. **Maintenance steroid-free clinical remission (SF/APS):** steroid-free for 90 days prior to Week 52 and achievement of clinical remission (average daily SF ≤2.8 and APS ≤1.0 and neither greater than baseline). *P<0.001; RINVOQ vs placebo.[1] †Percentage of patients on steroids at baseline who achieved clinical remission and were not on steroids at Week 52.[7]

The percentage shown here is based on a post hoc calculation [134/138 (97%)] performed on the subpopulation patients who achieved clinical remission (SF/APS) at Week 52. The proportion (and 95% CI) of patients without steroid use at Week 52 was calculated for the combined RINVOQ treatment group (15 mg QD or 30 mg QD).[7]

Data limitations: This analysis is post hoc, does not assess a pre-specified endpoint, was not adjusted for multiplicity, is comprised of a small sample size, and was not tested to demonstrate statistical significance. No clinical conclusions or statistical inferences can be made.

ENDOSCOPIC REMISSION AND MUCOSAL HEALING AT WEEK 12 AND WEEK 52[4]

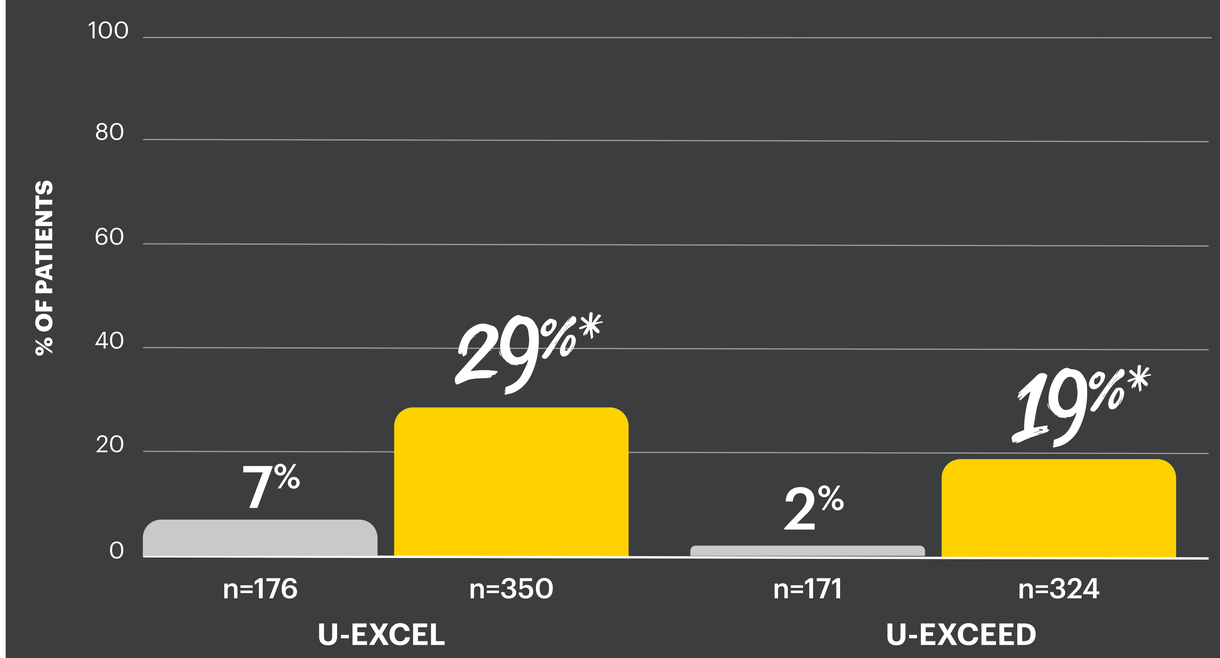
ENDOSCOPIC REMISSION | MUCOSAL HEALING

REAL PATIENT CASE

Endoscopic remission achieved at Induction Week 12 and Maintenance Week 52

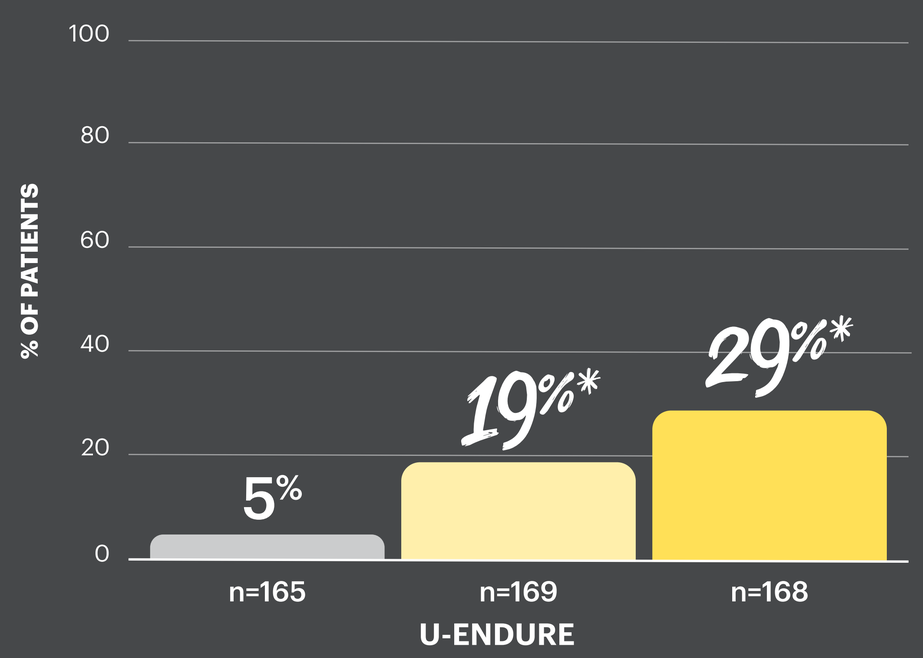
INDUCTION

Secondary, multiplicity-controlled endpoint



MAINTENANCE

Secondary, multiplicity-controlled endpoint



The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction. The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment. Endoscopic remission: SES-CD ≤4 and at least a 2-point reduction versus baseline and no subscore >1 in any individual variable.

*P<0.001; RINVOQ vs placebo.

RINVOQ® upadacitinib

ENDOSCOPIC REMISSION AND MUCOSAL HEALING AT WEEK 12 AND WEEK 52[4]

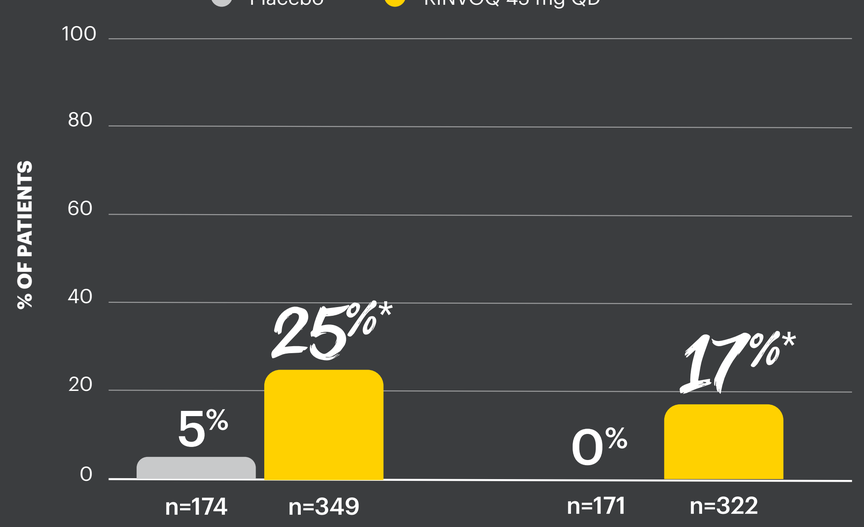
ENDOSCOPIC REMISSION | MUCOSAL HEALING

REAL PATIENT CASE

Mucosal healing at Induction Week 12 and Maintenance Week 52

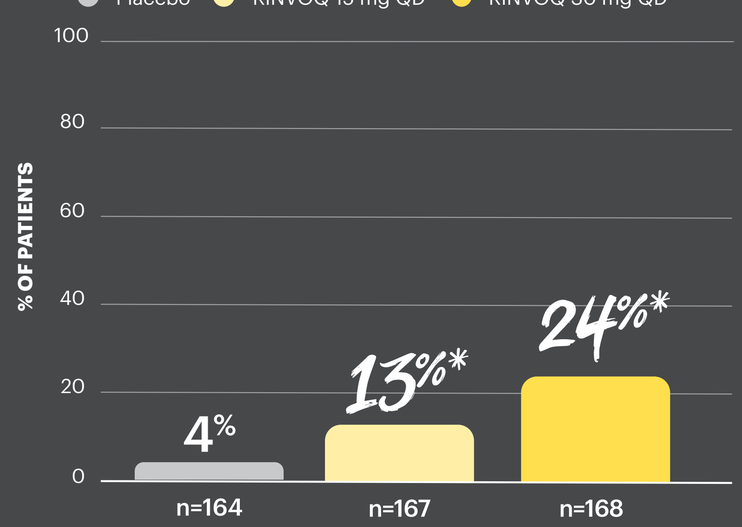
INDUCTION

Additional endpoint, not multiplicity-controlled



MAINTENANCE

Additional endpoint, not multiplicity-controlled



RERANDOMIZATION OF RESPONDERS TO 12 WEEKS OF RINVOQ 45 MG INDUCTION TREATMENT[1]

Mucosal healing in the RINVOQ Phase 3 trials was defined as:

SES-CD ulcerated surface subscore of 0 in patients with SES-CD ulcerated surface subscore ≥1 at baseline.

The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction. The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment. Endoscopic remission: SES-CD ≤4 and at least a 2-point reduction versus baseline and no subscore >1 in any individual variable.

*Nominal *P*<0.001; no statistical inferences can be made.[1]

REAL PATIENT CASE FROM THE RINVOQ CD CLINICAL TRIALS

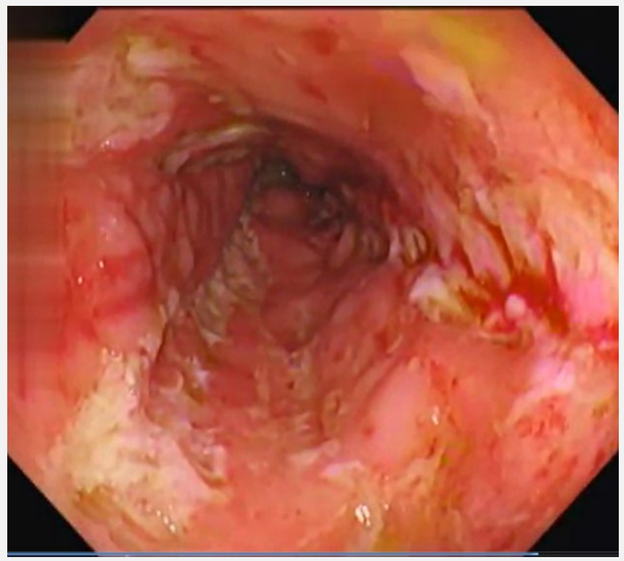
BIO-NAÏVE | BIO-FAILURE

Bio-naive and presented with an SES-CD of 33 at baseline.[29]

Randomized to RINVOQ 30 mg QD in maintenance.

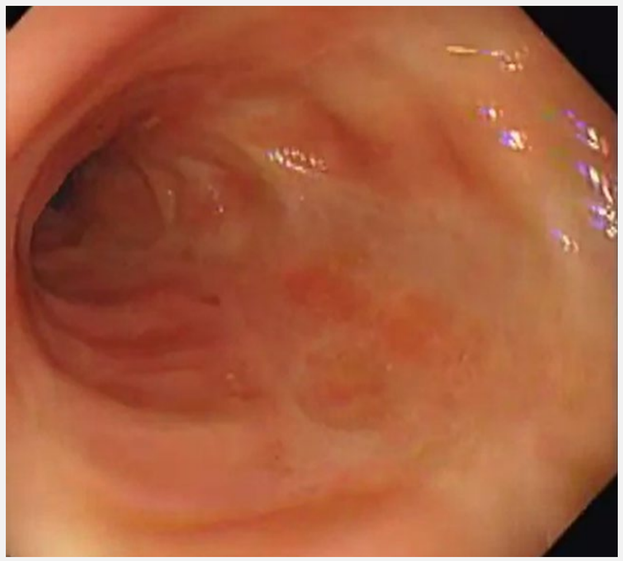
Early 20s male **Disease duration: 2.4 years**

BASELINE endoscopy



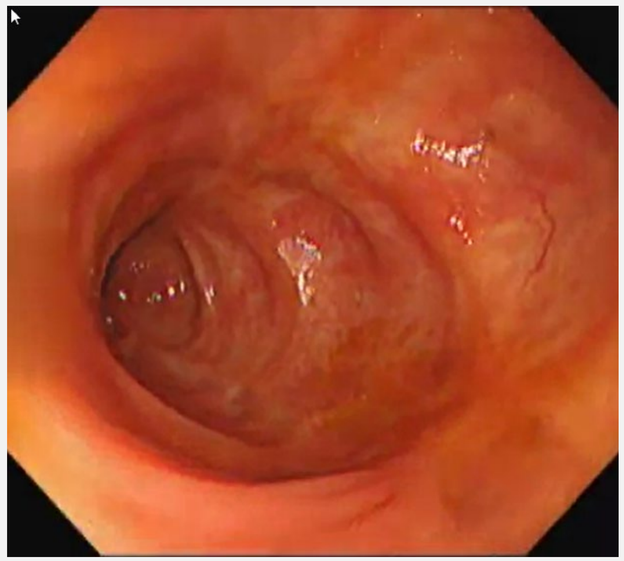
- CDAI=**356** (moderate to severe)
- SES-CD=**33** (severe)
- Fecal calprotectin (µg/g)=**6,481**
- hsCRP (mg/L)=**51.9**
- Ulcerated surface subscore=**11**

WEEK 12 of U-EXCEL endoscopy



- CDAI=**87.5**
- SES-CD=**8**
- Fecal calprotectin (µg/g)=**365**
- hsCRP (mg/L)=**0.23**
- Mucosal healing ulcerated surface subscore=**3**
- **Endoscopic response**
- **Clinical remission (SF/APS)**

WEEK 52 of U-ENDURE endoscopy



- CDAI=**14.7**
- SES-CD=**0**
- Fecal calprotectin (µg/g)=**57**
- hsCRP (mg/L)=**0.3**
- Mucosal healing ulcerated surface subscore=**0**
- **Endoscopic remission**
- **Clinical remission (SF/APS)**

REAL PATIENT CASE FROM THE RINVOQ CD CLINICAL TRIALS

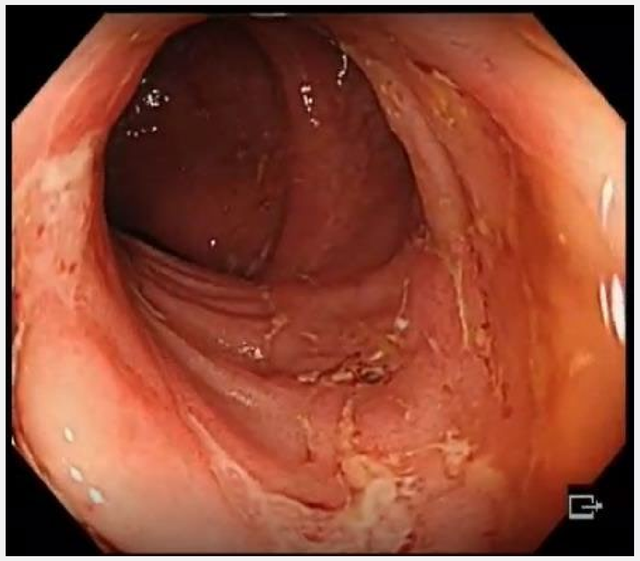
BIO-NAÏVE | BIO-FAILURE

Failed a biologic and presented with an SES-CD of 15 at baseline[8]

Randomized to RINVOQ 30 mg QD in maintenance

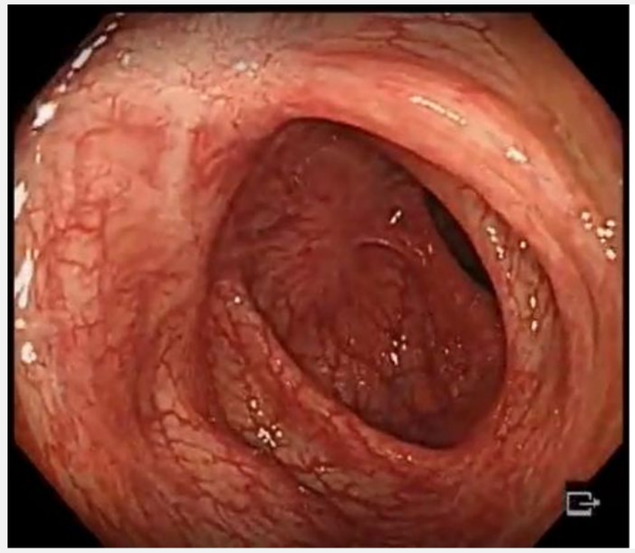
Early 40s male **Disease duration: 6.8 years**

BASELINE endoscopy



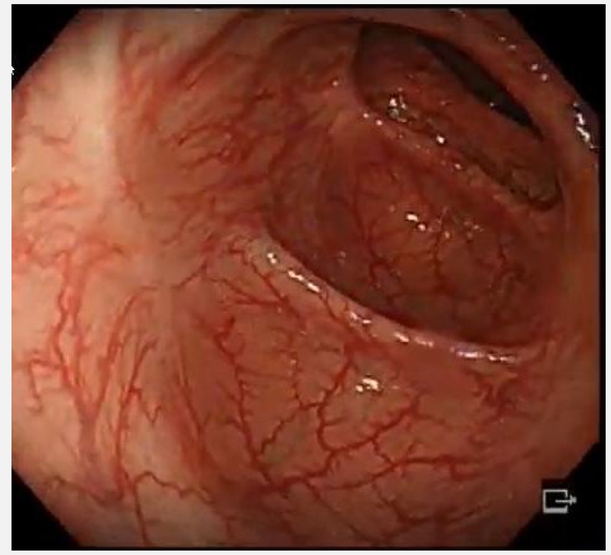
- CDAI=**363** (moderate to severe)
- SES-CD=**15** (moderate to severe)
- Fecal calprotectin (µg/g)=**2,361**
- hsCRP (mg/L)=**5.86**
- Ulcerated subscore=**6**

WEEK 12 of U-EXCEL endoscopy



- CDAI=**153**
- SES-CD=**1**
- Fecal calprotectin (µg/g)=**30**
- hsCRP (mg/L)=**0.44**
- Mucosal healing ulcerated subscore=**0**
- **Endoscopic remission**
- **Clinical remission (SF/APS)**

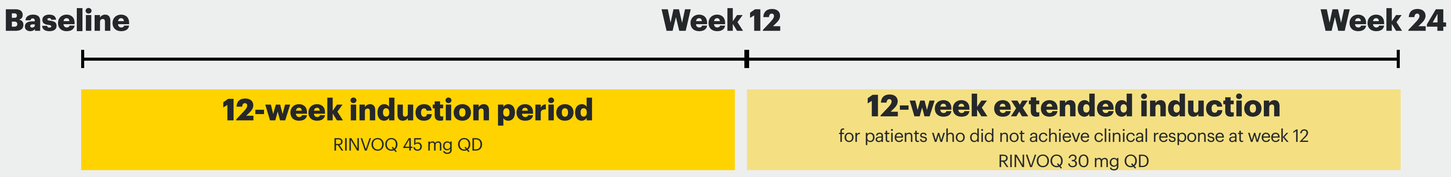
WEEK 52 of U-ENDURE endoscopy



- CDAI=**117**
- SES-CD=**1**
- Fecal calprotectin (µg/g)=**30**
- hsCRP (mg/L)=**0.2**
- Mucosal healing ulcerated subscore=**0**
- **Endoscopic remission**
- **Clinical remission (SF/APS)**

CLINICAL RESPONSE (SF/APS) AFTER INDUCTION AND EXTENDED INDUCTION PERIOD[9]

In both U-EXCEL and U-EXCEED, the 12-week induction period with RINVOQ 45 mg QD was followed by a 12-week extended induction period with RINVOQ 30 mg QD for those patients who did not achieve clinical response (SF/APS) by the end of induction



Each circle represents approximately 6 patients across the U-EXCEL and U-EXCEED studies (N=674).

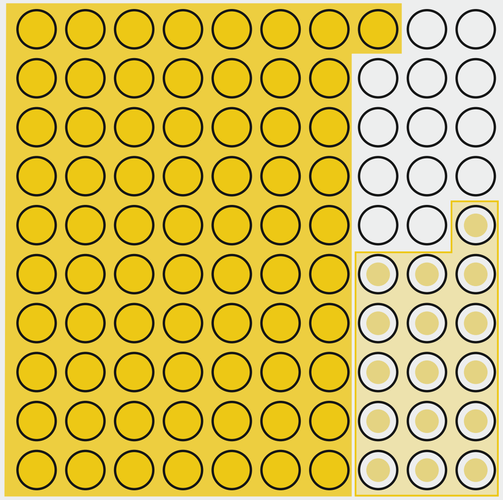
● = patients who responded by Week 12 of treatment

● = induction non-responders who responded by Week 24 of treatment

71%

of patients responded by Week 12

RINVOQ 45 mg QD during induction
n=477/674



ADDITIONAL 53%

of those without a response during induction responded by Week 24*

RINVOQ 30 mg QD
n=64/122

80% (n=541/674†)

of patients achieved clinical response (SF/APS) in the induction studies.

The Week 12 analysis evaluated randomized patients who received at least 1 dose of study drug in the randomized induction.[4,9] The efficacy analysis at Week 52 evaluated 502 patients who achieved clinical response (SF/APS) with 12 weeks of RINVOQ 45 mg QD induction treatment.[4] Clinical response: ≥30% decrease in average daily very soft or liquid SF and/or in APS, with neither worse than baseline. Additional endpoint, not multiplicity-controlled.[1] Data limitations: These analyses are not powered or tested to demonstrate a statistically significant difference in treatment effect; no statistical inferences can be made. *Three additional events of adjudicated gastrointestinal perforation (intestinal perforation) were reported in patients who were non-responders to placebo and were on RINVOQ 45 mg QD in the extended treatment period.[2] †Non-responders who were randomized to RINVOQ 45 mg QD during the 12-week induction period received RINVOQ 30 mg QD during the extended treatment period. Thus, the number of patients treated with RINVOQ 45 mg QD only or RINVOQ 45 mg QD followed by 30 mg QD was 674. Percentage was calculated by adding the number of RINVOQ responders; 541 RINVOQ responders (477 out of 674 patients responded to 12 weeks of 45 mg QD induction treatment and 64 out of 122 patients responded to a total of 24 weeks of RINVOQ induction or extended treatment therapy).[9]

Data limitations: This analysis is post hoc. No clinical conclusions or statistical inferences can be made.

HELP YOUR PATIENTS WITH CD ACHIEVE THE OUTCOME THEY DESERVE with RINVOQ

as a first-line therapy or their next advanced therapy[1]

Consider patients in your practice that may benefit from RINVOQ:

- Adults with an inadequate response, lost response, or who were **intolerant to conventional therapy**
- Adults with an inadequate response, lost response, or who were intolerant **to a prior biologic agent**

Do you need any further information or samples?

LEARN ABOUT RINVOQ IN UC

SAFETY PROFILE, DOSING, AND SUMMARY FOR CD AND UC

OVERVIEW OF CD SAFETY

RINVOQ® upadacitinib

WELL-STUDIED SAFETY PROFILE IN CD THROUGH INDUCTION WEEK 12[4]

INDUCTION | MAINTENANCE

With RINVOQ 45 mg QD

Parameter, n (%)	U-EXCEL: Placebo (n=176)	U-EXCEL: RINVOQ 45 mg QD (n=350)	U-EXCEED: Placebo (n=171)	U-EXCEED: RINVOQ 45 mg QD (n=324)
Any AE	103 (59)	219 (63)	112 (66)	221 (68)
AE related to COVID-19	1 (0.6)	3 (0.9)	0	2 (0.6)
AE possibly related to study drug*	38 (22)	109 (31)	39 (23)	112 (35)
Severe AE	15 (9)	31 (9)	20 (12)	28 (9)
Serious AE	12 (7)	24 (7)	17 (10)	30 (9)
AE leading to discontinuation of study drug	10 (6)	15 (4)	7 (4)	18 (6)
Death*	0	0	0	1 (0.3)
Most frequent AEs (reported by ≥5% of patients in any treatment group), n (%)				
Nasopharyngitis	6 (3)	16 (5)	5 (3)	23 (7)
Headache	7 (4)	15 (4)	9 (5)	20 (6)
Worsening of CD	18 (10)	13 (4)	23 (14)	19 (6)
URTI	4 (2)	12 (3)	5 (3)	17 (5)
Anemia	8 (5)	22 (6)	10 (6)	16 (5)
Acne	1 (0.6)	24 (7)	4 (2)	15 (5)
Abdominal pain	5 (3)	13 (4)	12 (7)	10 (3)
Arthralgia	8 (5)	9 (3)	11 (6)	7 (2)
Back pain	3 (2)	7 (2)	11 (6)	4 (1)

Adapted from Loftus et al, 2023.

*In U-EXCEED, there was 1 non-treatment emergent death due to infectious shock in a patient who received RINVOQ 45 mg QD for 5 days; the death occurred 159 days after premature discontinuation from the study.

WELL-STUDIED SAFETY PROFILE IN CD THROUGH MAINTENANCE WEEK 52[4]

INDUCTION | MAINTENANCE

With RINVOQ 15 mg QD and 30 mg QD

	U-ENDURE		
Parameter, n (%)	Placebo (n=223)	RINVOQ 15 mg QD (n=221)	RINVOQ 30 mg QD (n=229)
Any AE	169 (76)	165 (75)	176 (77)
AE related to COVID-19	8 (4)	11 (5)	16 (7)
AE possibly related to study drug	66 (30)	58 (26)	76 (33)
Severe AE	24 (11)	28 (13)	20 (9)
Serious AE	31 (14)	26 (12)	24 (11)
AE leading to discontinuation of study drug	8 (4)	16 (7)	13 (6)
Death	0	0	0
Most frequent AEs (reported by ≥5% of patients in any treatment group), n (%)			
Worsening of CD	57 (26)	40 (18)	19 (8)
Nasopharyngitis	10 (5)	13 (6)	8 (4)
Headache	3 (1)	5 (2)	11 (5)
URTI	8 (4)	10 (5)	12 (5)
Anemia	12 (5)	7 (3)	8 (4)
Abdominal pain	10 (5)	10 (5)	10 (4)
Arthralgia	14 (6)	7 (3)	15 (7)
Acne	6 (3)	3 (1)	12 (5)
COVID-19	8 (4)	11 (5)	14 (6)
Pyrexia	5 (2)	7 (3)	15 (7)
Nausea	13 (6)	7 (3)	8 (4)
Rash	12 (5)	5 (2)	9 (4)

Adapted from Loftus et al, 2023.

NOTE TO AFFILIATES:

Please evaluate use of ALL claims, graphs/tables, and corresponding references (eg, Data on File, abstracts, posters, manuscripts) according to local standards, codes, and regulations.

RINVOQ®▽ (upadacitinib): a once-daily, oral advanced therapy for moderately to severely active ulcerative colitis[1]

RINVOQ achieved its primary endpoint of clinical remission at Week 8 (induction) and Week 52 (maintenance)[1,10]

MUCOSAL HEALING ON AND BELOW THE SURFACE[1,10]

Mucosal healing (endoscopic subscore [ESS] 0 or 1 without friability) and **histologic-endoscopic mucosal healing** (ESS 0 or 1 without friability and Geboes ≤3.1) at Induction Week 8 and Maintenance Week 52‡

RAPID RESPONSE[1,10]

Clinical response at Induction Week 2 as per partial adapted Mayo score (paMs)*

DURABLE REMISSION[1,10]

Primary endpoints achieved: Clinical remission per adapted Mayo score (aMs) at Induction Week 8 and Maintenance Week 52

Steroid-free clinical remission per aMs (among those who achieved clinical remission at Induction Week 8) achieved at Maintenance Week 52†

WELL-CHARACTERIZED SAFETY PROFILE[1,2,3]

In 20 Phase 3 clinical trials across 7 approved indications in rheumatology, dermatology, and gastroenterology

INDICATION[1]: RINVOQ is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.[1]

*Mucosal healing is defined as SES-CD ulcerated surface subscore of 0 in patients with SES-CD ulcerated surface subscore ≥1 at baseline. †Additional endpoint; not multiplicity-controlled. ‡Steroid taper starting at Week 4.

SEE THE FULL SAFETY AND PRESCRIBING INFORMATION

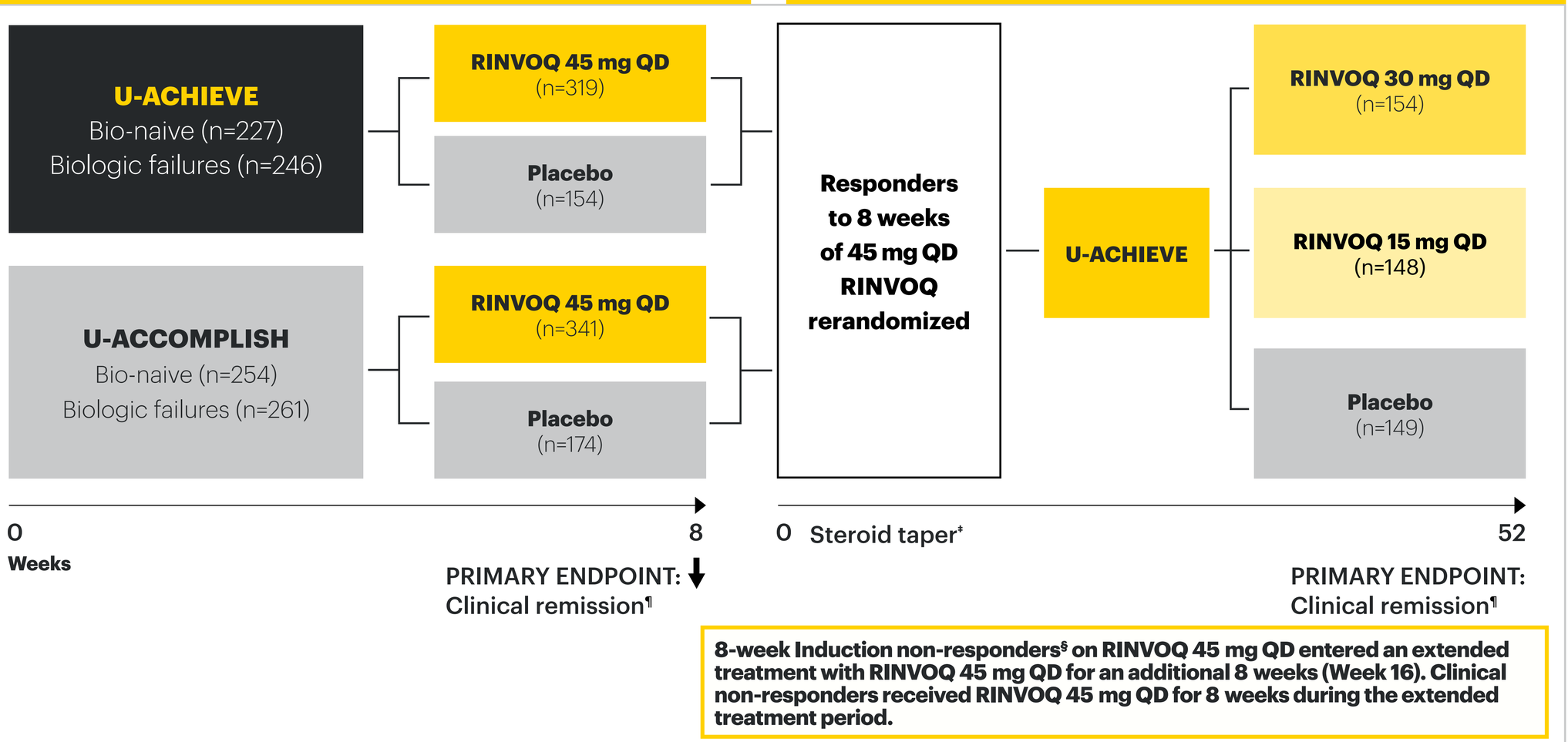
▽ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

RINVOQ®▽ upadacitinib

RINVOQ UC: PHASE 3 CLINICAL TRIAL STUDY DESIGN[10]

THREE PHASE 3 STUDIES COMPARED RINVOQ VS PLACEBO[10]

BASELINE CHARACTERISTICS



*Randomization stratified by history of biologic failure (inadequate response, loss of response, or intolerance [yes vs no]), baseline corticosteroid use (yes vs no), and baseline aMs (≤7 vs >7). †Randomization stratified by previous biologic failure, induction clinical remission status, and corticosteroid use at the beginning of U-ACHIEVE Maintenance. Primary efficacy analysis = first 450 [planned] clinical responders to 8-week RINVOQ 45 mg QD induction. ‡For patients taking corticosteroid therapy at baseline of induction studies (≈40%). At Week 0 of the maintenance study (Week 16 of the open-label extension), corticosteroid therapy was tapered according to a predefined schedule. §Patients who did not achieve clinical response at Week 8 in U-ACHIEVE Induction and U-ACCOMPLISH continued in an additional 8-week, open-label, induction extension period with RINVOQ 45 mg QD. Patients who received 8 weeks total RINVOQ 45 mg QD with response at Week 16 were rerandomized into the maintenance study. Patients who received RINVOQ 45 mg QD for 16 weeks who had a response at Week 16 were randomized to RINVOQ 15 or 30 mg QD maintenance but were not included in the primary analysis. Patients who did not achieve clinical response by Week 16 of induction were discontinued. ¶aMs ≤2 with SFS ≤1 and not greater than baseline, RBS=0, plus ESS 0 or 1 without friability.

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BASELINE CHARACTERISTICS[1,10]

INDUCTION | MAINTENANCE

Parameter	U-ACHIEVE		U-ACCOMPLISH	
	Placebo (n=154)*	RINVOQ 45 mg QD (n=319)	Placebo (n=174)*	RINVOQ 45 mg QD (n=341)*
Female, n (%)	57 (37)	121 (38)	67 (39)	127 (37)
Race, white, n (%)	100 (65)	206 (65)	124 (71)	234 (69)
Age, median (IQR), y	44.5 (23.0)	43.0 (23.0)	42.0 (24.0)	40.0 (24.0)
Disease duration, median (IQR), y	6.0 (10.0)	6.6 (9.6)	4.9 (7.4)	5.6 (7.5)
Weight, median (IQR), kg	70.0 (26.5)	69.3 (24.6)	71.5 (24.3)	71.2 (21.4)
Disease extent, n (%)				
Left-sided	74 (48)	158 (50)	88 (51)	164 (48)
Extensive or pancolitis	80 (52)	161 (50)	86 (49)	176 (52)
Fecal calprotectin, median (IQR), mg/kg	1902 (2651)	1780 (3728)	1540 (2507)	1655 (2415)
hsCRP, median (IQR), mg/L	4.7 (12.5)	4.1 (8.1)	4.7 (10.0)	3.8 (8.0)
Baseline aminosalicylates use, n (%)	103 (67)	220 (69)	120 (69)	233 (68)
Baseline corticosteroid use,†‡ n (%)	61 (40)	124 (39)	72 (41)	120 (35)
Baseline immunosuppressant use, n (%)	3 (2)	2 (1)	3 (2)	1 (<1)
Prior biologic failure,†§ n (%)	78 (51)	168 (53)	89 (51)	172 (50)
Number of previous biologic treatments,† n (%)				
1	29 (19)	64 (20)	39 (22)	64 (19)
2	31 (20)	64 (20)	36 (21)	67 (20)
3	18 (12)	35 (11)	15 (9)	34 (10)
≥4	4 (3)	11 (3)	3 (2)	8 (2)
Non–biologic IR,† n (%)	76 (49)	151 (47)	85 (49)	169 (50)
Baseline aMs,† n (%)				
≤7 (moderate UC)	94 (61)	195 (61)	103 (59)	205 (60)
>7 (severe UC)	60 (39)	123 (39)	71 (41)	135 (40)

*One placebo patient in U-ACHIEVE Induction, 3 placebo patients from U-ACCOMPLISH, and 3 RINVOQ 45 mg QD patients from U-ACCOMPLISH were excluded from efficacy analyses because of site non-compliance; these patients were included in the safety analysis. †Stratification factors for randomization.
‡The highest allowed prednisolone dose at baseline was 30 mg QD. §Inadequate response, loss of response, or intolerance to biologic therapy.

BASELINE CHARACTERISTICS[1,10]

INDUCTION | MAINTENANCE

Parameter	MAINTENANCE (U-ACHIEVE) Placebo (n=149)	RINVOQ 15 mg QD (n=148)	RINVOQ 30 mg QD (n=154)
Female, n (%)	64 (43)	53 (36)	68 (44)
Race, white, n (%)	93 (62)	97 (66)	101 (66)
Age, median (IQR), y	40.0 (21.0)	40.0 (22.0)	41.0 (7.0)
Disease duration, median (IQR), y	6.2 (8.6)	6.4 (10.6)	6.0 (9.7)
Weight, median (IQR), kg	70.0 (21.2)	71.5 (25.6)	68.8 (29.0)
Disease extent, n (%)			
Left-sided	79 (53)	66 (45)	68 (44)
Extensive or pancolitis	70 (47)	85 (55)	86 (56)
Fecal calprotectin, median (IQR), mg/kg	1991 (3193)	1718 (2502)	1465 (1750)
hsCRP, median (IQR), mg/L	4.3 (8.0)	3.8 (10.0)	4.1 (7.1)
Baseline aminosalicylates use, n (%)	99 (66)	99 (67)	106 (69)
Baseline corticosteroid use,*† n (%)	60 (40)	55 (37)	57 (37)
Baseline immunosuppressant use, n (%)	0	1 (<1)	1 (<1)
Prior biologic failure,* n (%)	81 (54)	71 (48)	73 (47)
Non–biologic IR,* n (%)	68 (46)	77 (52)	81 (53)
Baseline aMs, n (%)			
≤7 (moderate UC)	87 (58)	89 (60)	88 (58)
>7 (severe UC)	62 (42)	59 (40)	64 (42)

*Stratification factors for randomization.
†The highest allowed prednisolone dose at baseline was 30 mg.

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RINVOQ *MET ALL* PRIMARY ENDPOINTS[10]

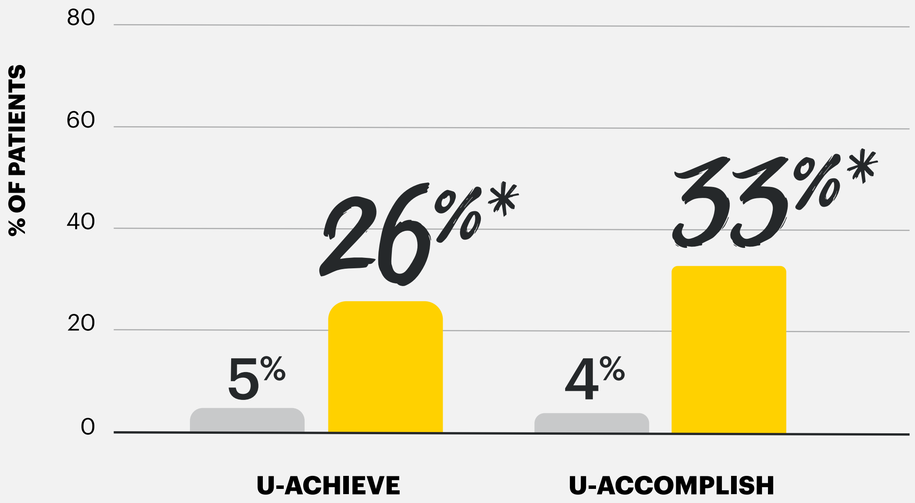
CLINICAL REMISSION BY BIOLOGIC EXPOSURE

SFS ≤1 AND NOT GREATER THAN BASELINE, RBS=0, ESS 0 OR 1 WITHOUT FRIABILITY[1]

INDUCTION

Primary endpoint

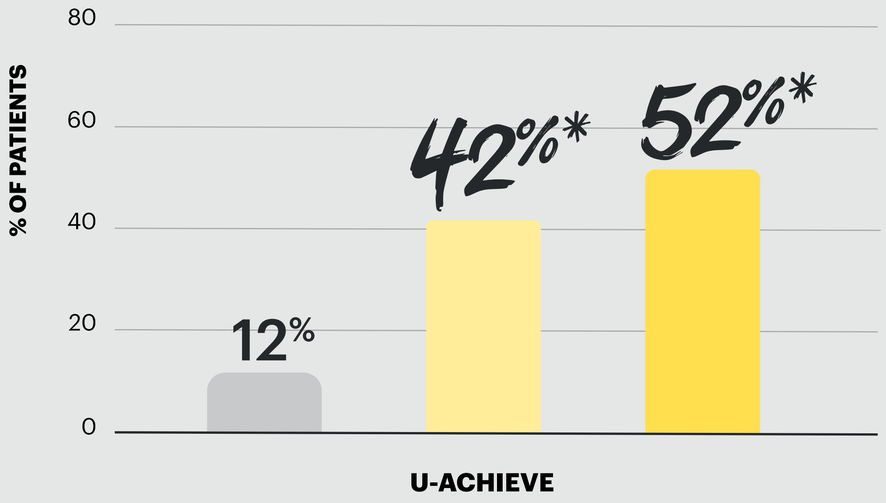
- Placebo (n=154)
- RINVOQ 45 mg QD (n=319)
- Placebo (n=174)
- RINVOQ 45 mg QD (n=341)



MAINTENANCE

Primary endpoint

- Placebo (n=149)
- RINVOQ 15 mg QD (n=148)
- RINVOQ 30 mg QD (n=154)



RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT†

*P<0.001 vs placebo. †Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.[1]
The primary endpoint of both induction studies was achievement of remission per aMs at Week 8.[1]

RINVOQ® upadacitinib

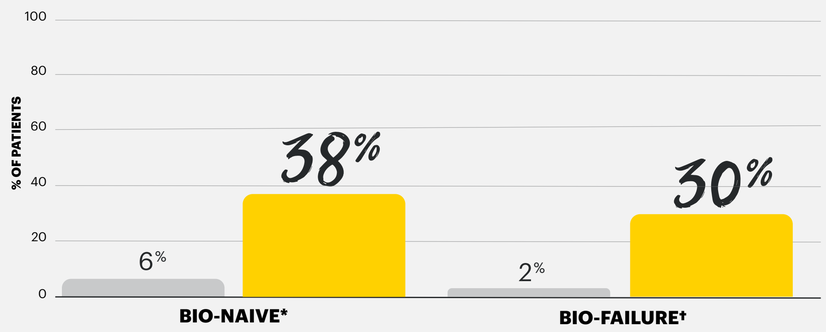
CLINICAL REMISSION
SUBGROUP ANALYSIS[1,10]

INDUCTION

Clinical remission per aMs at **Week 8**
SFS + RBS + ESS

U-ACCOMPLISH | U-ACHIEVE

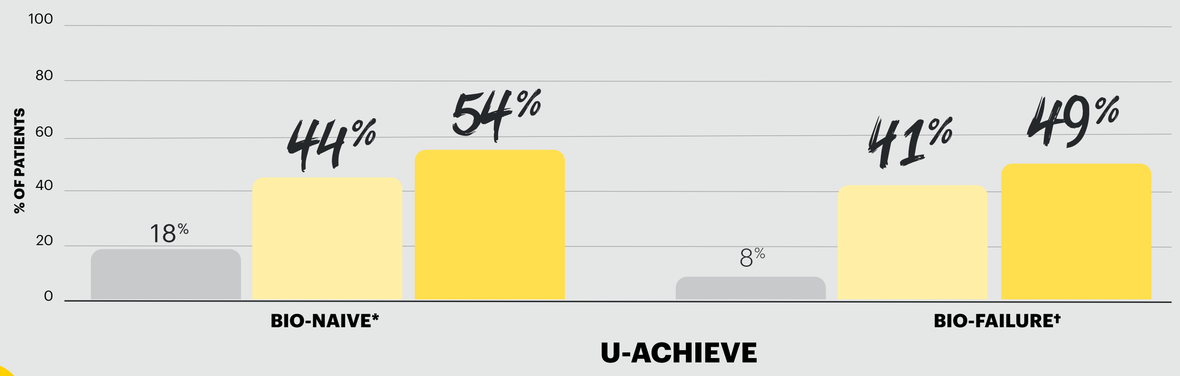
- Placebo
  without prior bio-failure: n=85; prior bio-failure: n=89
- RINVOQ 45 mg QD
  without prior bio-failure: n=168; prior bio-failure: n=173



MAINTENANCE

Clinical remission per aMs at **Week 52**
SFS + RBS + ESS

- Placebo
  without prior bio-failure: n=68; prior bio-failure: n=81
- RINVOQ 15 mg QD
  without prior bio-failure: n=77; prior bio-failure: n=71
- RINVOQ 30 mg QD
  without prior bio-failure: n=81; prior bio-failure: n=73



RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT‡

Additional pre-specified endpoint, not controlled for multiplicity.

Clinical remission per aMs defined as SFS ≤1 and not greater than baseline, RBS=0, and ESS 0 or 1 without friability.[1]

***Bio-naive** defined as without prior biologic failure and includes patients who had previous exposure to biologics but did not experience treatment failure.

†**Bio-failure** refers to prior treatment failure to at least 1 biologic therapy.

‡Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.

RINVOQ® upadacitinib

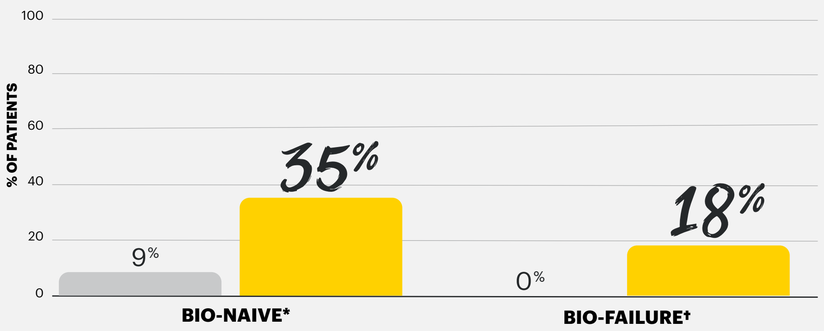
CLINICAL REMISSION
SUBGROUP ANALYSIS[1,10]

INDUCTION

Clinical remission per aMs at **Week 8**
SFS + RBS + ESS

U-ACCOMPLISH | **U-ACHIEVE**

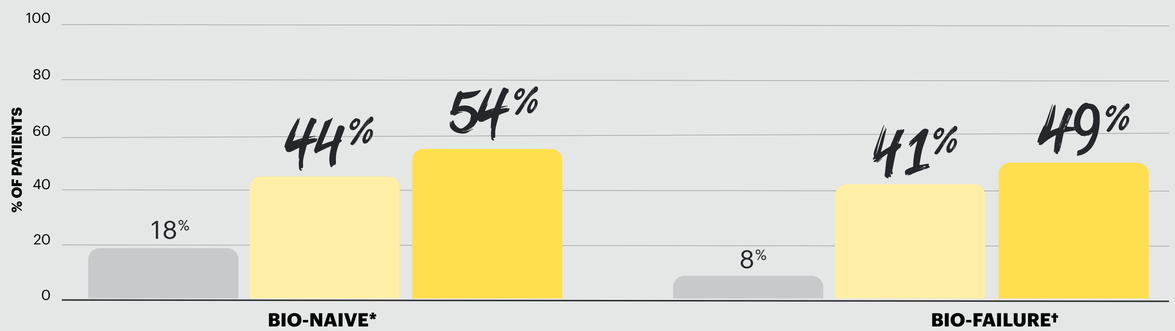
- Placebo
  without prior bio-failure: n=76; prior bio-failure: n=78
- RINVOQ 45 mg QD
  without prior bio-failure: n=151; prior bio-failure: n=168



MAINTENANCE

Clinical remission per aMs at **Week 52**
SFS + RBS + ESS

- Placebo
  without prior bio-failure: n=68; prior bio-failure: n=81
- RINVOQ 15 mg QD
  without prior bio-failure: n=77; prior bio-failure: n=71
- RINVOQ 30 mg QD
  without prior bio-failure: n=81; prior bio-failure: n=73



U-ACHIEVE

RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT‡

Additional pre-specified endpoint, not controlled for multiplicity.

Clinical remission per aMs defined as SFS ≤1 and not greater than baseline, RBS=0, and ESS 0 or 1 without friability.[1]

***Bio-naive** defined as without prior biologic failure and includes patients who had previous exposure to biologics but did not experience treatment failure.

†**Bio-failure** refers to prior treatment failure to at least 1 biologic therapy.

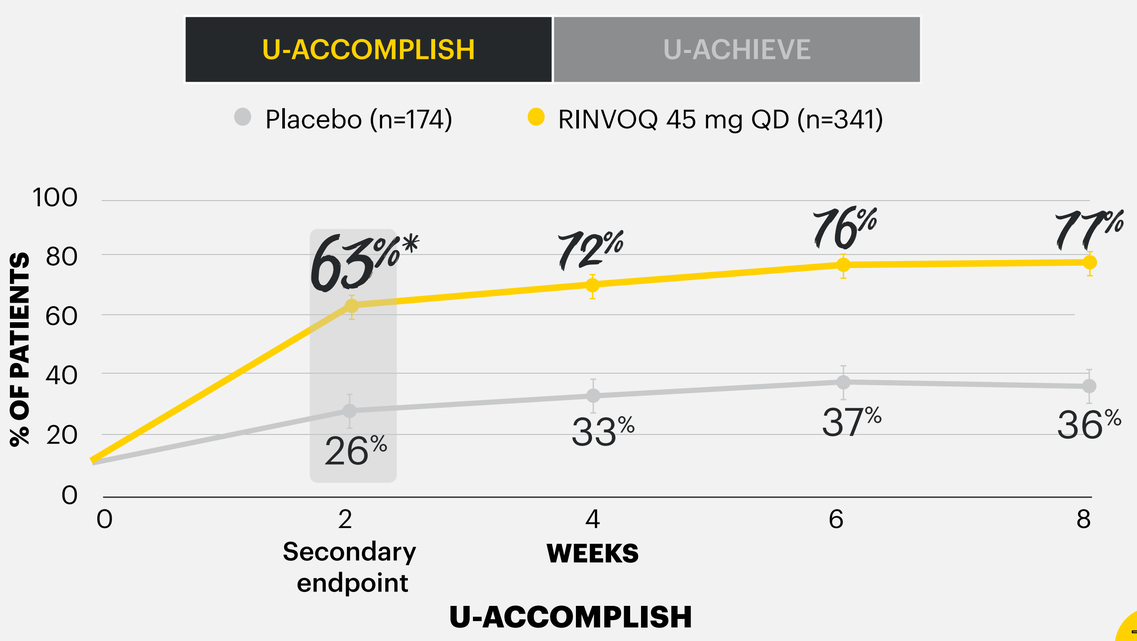
‡Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.

RAPID RESPONSE AS EARLY AS WEEK 2 AND DURABLE REMISSION WITHOUT STEROIDS[1,10]

INDUCTION

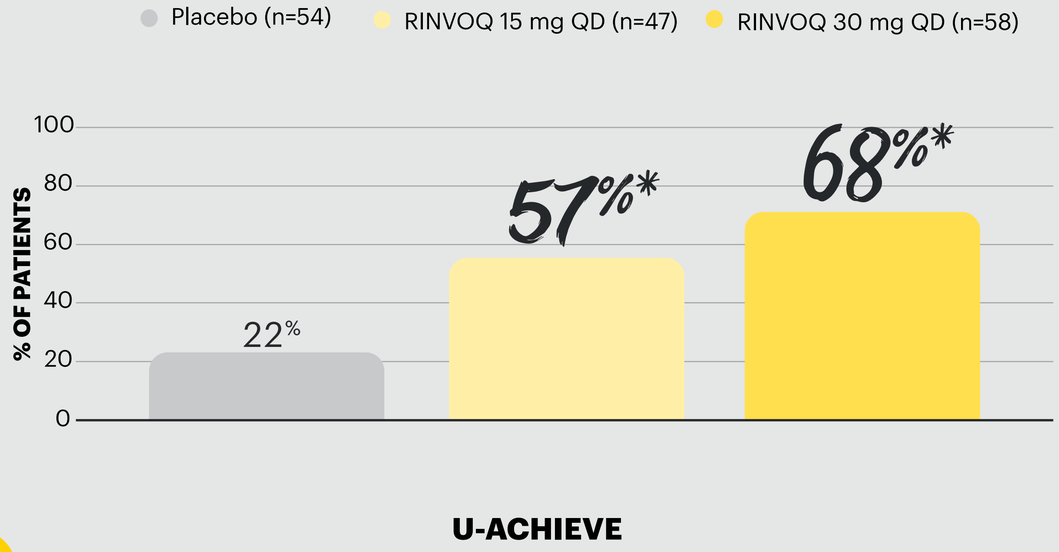
Clinical (symptomatic) response per paMs up to **Week 8**
SFS + RBS
Secondary endpoint

U-ACCOMPLISH | U-ACHIEVE



MAINTENANCE

Steroid-free clinical remission per aMs at **Week 52**
SFS + RBS + ESS
Secondary endpoint



RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT†

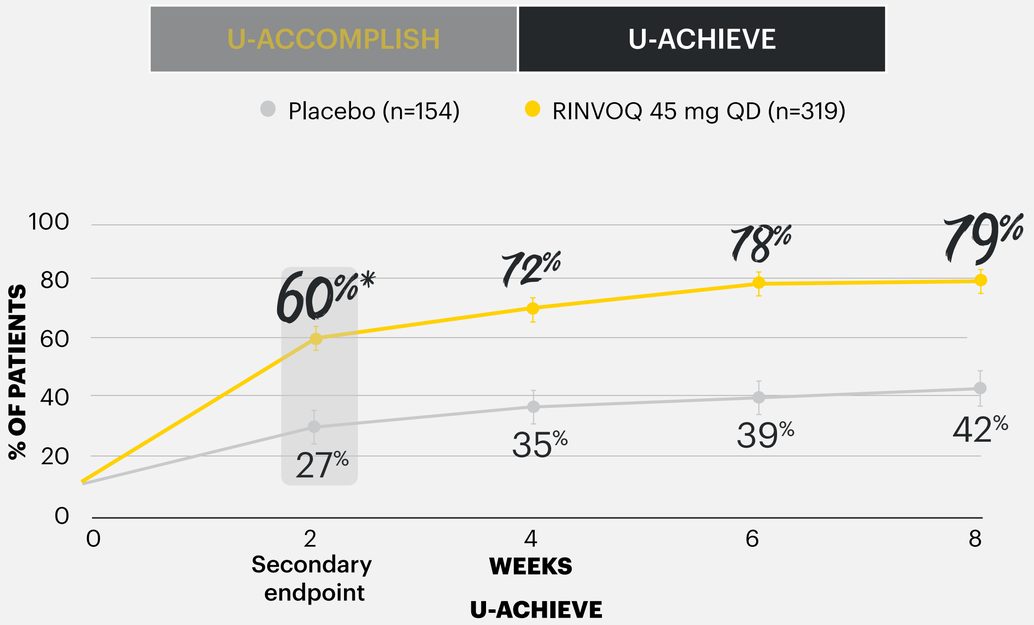
Clinical response per paMs, also known as symptomatic response, was defined as a decrease in paMs ≥1 point and ≥30% from baseline, PLUS a decrease in RBS ≥1 or an absolute RBS ≤1.[1]
Error bars show 95% CI. Clinical response per paMs at Week 2 was a ranked secondary endpoint in both induction studies (U-ACHIEVE and U-ACCOMPLISH).[1] Maintenance of clinical remission per aMs at Week 52 was a ranked secondary endpoint and was defined as clinical remission per aMs at Week 8 of RINVOQ 45 mg induction treatment (n=159).[1]
**P*<0.0001 vs placebo, multiplicity-controlled analysis (ITT).
†Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.

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RAPID RESPONSE AS EARLY AS WEEK 2 AND DURABLE REMISSION WITHOUT STEROIDS[10]

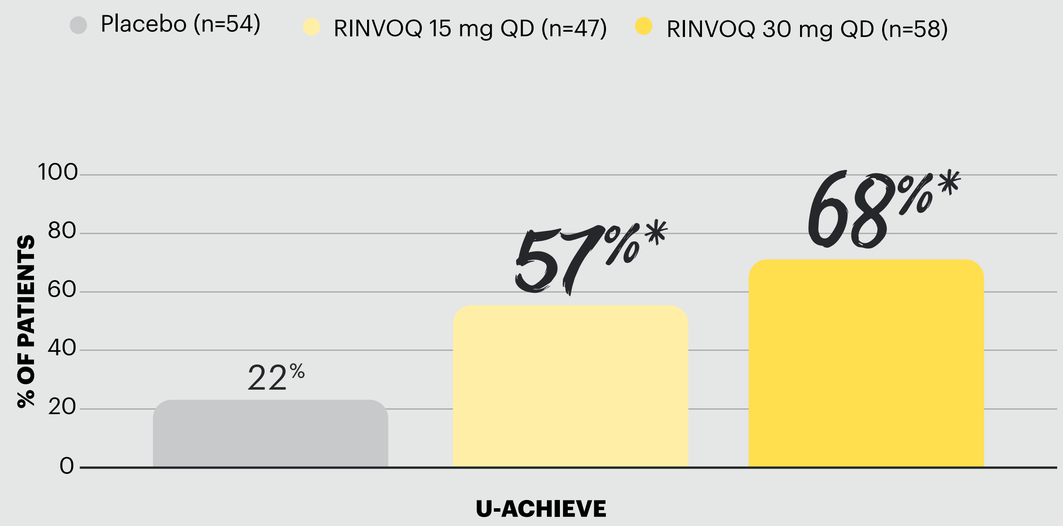
INDUCTION

Clinical (symptomatic) response per paMs up to **Week 8**
SFS + RBS
Secondary endpoint



MAINTENANCE

Steroid-free clinical remission per aMs at **Week 52**
SFS + RBS + ESS
Secondary endpoint



RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT†

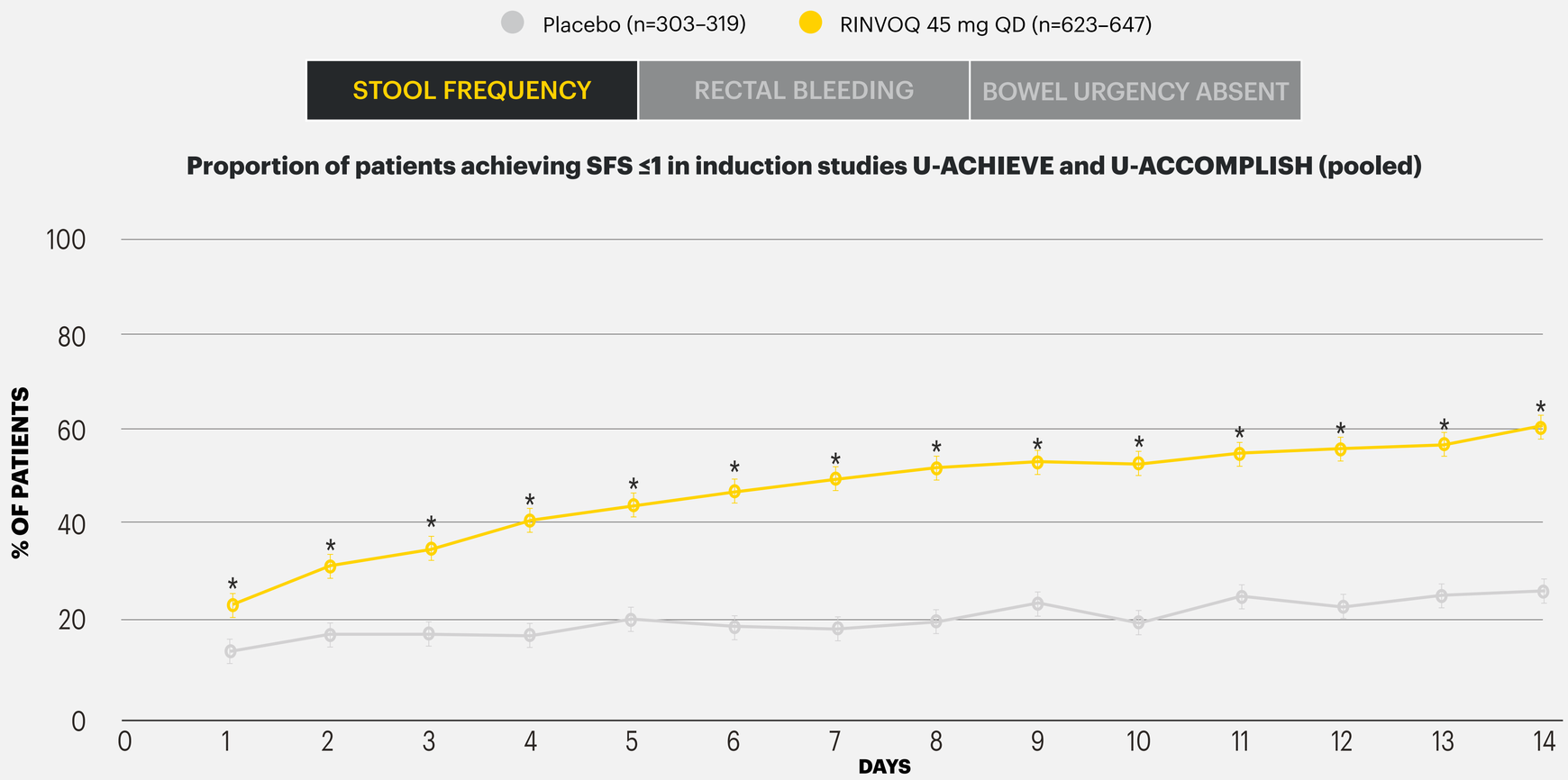
Clinical response per paMs, also known as symptomatic response, was defined as a decrease in paMs ≥1 point and ≥30% from baseline, PLUS a decrease in RBS ≥1 or an absolute RBS ≤1.[1,2]
Error bars show 95% CI. Clinical response per paMs at Week 2 was a ranked secondary endpoint in both induction studies (U-ACHIEVE and U-ACCOMPLISH).[1] Maintenance of clinical remission per aMs at Week 52 was a ranked secondary endpoint and was defined as clinical remission per aMs at Week 8 of RINVOQ 45 mg induction treatment (n=159).[1]
**P*<0.0001 vs placebo, multiplicity-controlled analysis (ITT).
†Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.

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DAILY SYMPTOM RESPONSE UP TO DAY 14[26]

POST HOC ANALYSIS OF U-ACHIEVE AND U-ACCOMPLISH (POOLED)

INDUCTION



*Nominal *P*<0.001 vs placebo, †nominal *P*<0.05 vs placebo, ‡nominal *P*≤0.01 vs placebo; No clinical inferences can be drawn from these data. Error bars show 95% CI. Day 0 represents the first day of randomization and the first day of treatment. Patients were instructed to use an electronic diary to record daily symptoms during the studies, including stool frequency and rectal bleeding. Mayo stool frequency was determined by patients recording the normal number of bowel movements when their UC was not active in a 24-hour period.[26]

POST HOC LIMITATIONS: Post hoc analyses of data are taken from completed clinical trials. All endpoints analyzed in a post hoc analysis were not pre-specified in the original trial and lack multiplicity control.[27,28] These data are hypothesis-generating only; *P*-values are nominal, and no clinical or statistical conclusions can be drawn.

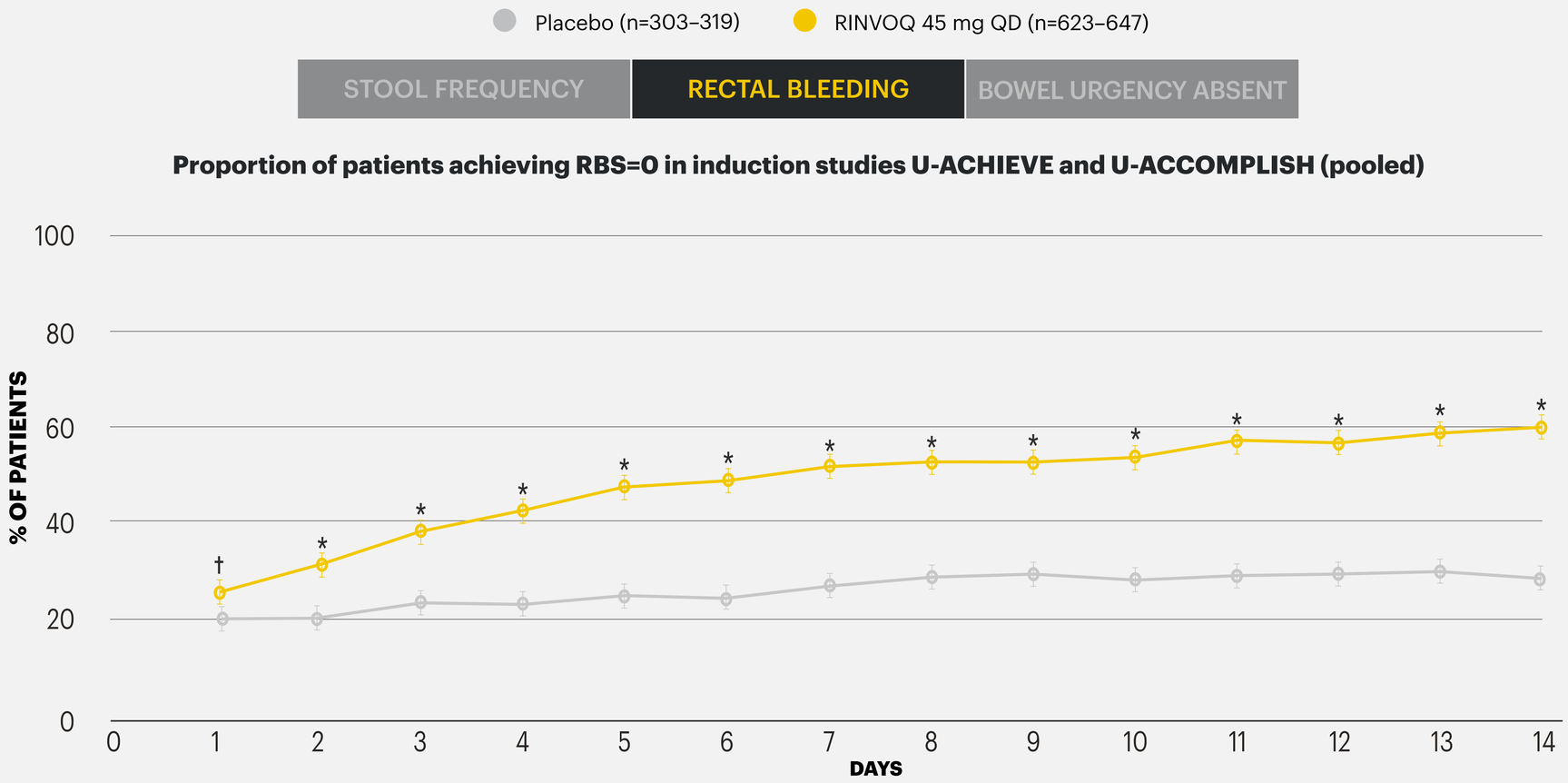
48% (U-ACHIEVE) and 54% (U-ACCOMPLISH) of patients reported **no bowel urgency at week 8** (*P*<0.0001 vs placebo, multiplicity-controlled analysis [ITT])[10]

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DAILY SYMPTOM RESPONSE UP TO DAY 14[26]

POST HOC ANALYSIS OF U-ACHIEVE AND U-ACCOMPLISH (POOLED)

INDUCTION



*Nominal *P*<0.001 vs placebo, †nominal *P*<0.05 vs placebo, ‡nominal *P*≤0.01 vs placebo; No clinical inferences can be drawn from these data. Error bars show 95% CI. Day 0 represents the first day of randomization and the first day of treatment. Patients were instructed to use an electronic diary to record daily symptoms during the studies, including stool frequency and rectal bleeding. Mayo stool frequency was determined by patients recording the normal number of bowel movements when their UC was not active in a 24-hour period.[26]

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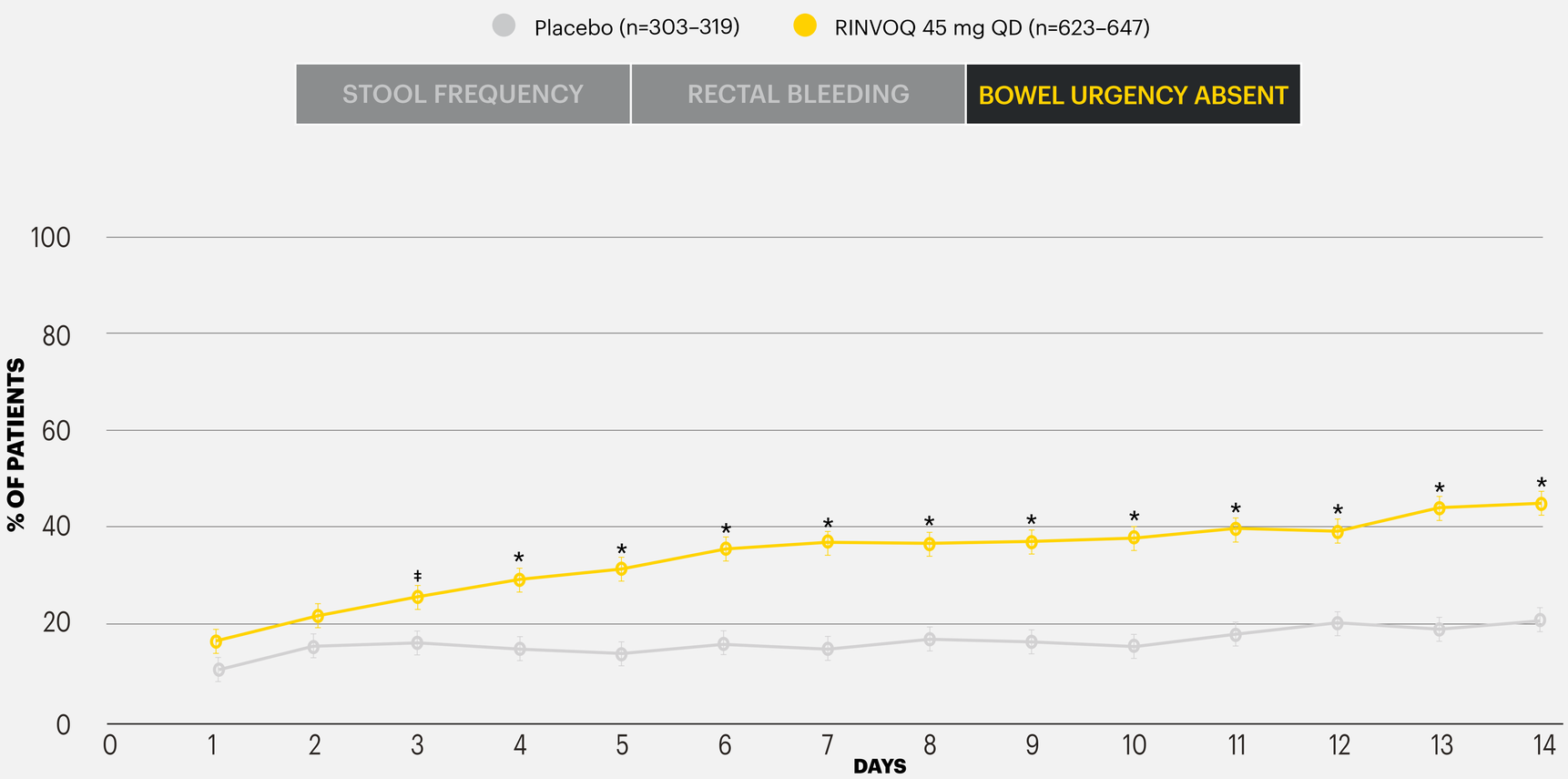
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DAILY SYMPTOM RESPONSE UP TO DAY 14[26]

POST HOC ANALYSIS OF U-ACHIEVE AND U-ACCOMPLISH (POOLED)

INDUCTION



*Nominal *P*<0.001 vs placebo, †nominal *P*<0.05 vs placebo, ‡nominal *P*≤0.01 vs placebo; No clinical inferences can be drawn from these data. Error bars show 95% CI. Day 0 represents the first day of randomization and the first day of treatment. Patients were instructed to use an electronic diary to record daily symptoms during the studies, including stool frequency and rectal bleeding. Mayo stool frequency was determined by patients recording the normal number of bowel movements when their UC was not active in a 24-hour period.[26]

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These data are hypothesis-generating only; *P*-values are nominal, and no clinical or statistical conclusions can be drawn.

48% (U-ACHIEVE) and 54% (U-ACCOMPLISH) of patients reported **no bowel urgency at week 8** (*P*<0.0001 vs placebo, multiplicity-controlled analysis [ITT])[10]

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DURABLE MUCOSAL HEALING[1,10]

ENDOSCOPIC REMISSION | MUCOSAL HEALING

DEFINITIONS | HISTO-ENDO MUCOSAL HEALING | DEEP MUCOSAL HEALING | REAL PATIENT CASE

ENDOSCOPIC REMISSION (ESS=0)

INDUCTION

Secondary, multiplicity-controlled endpoint

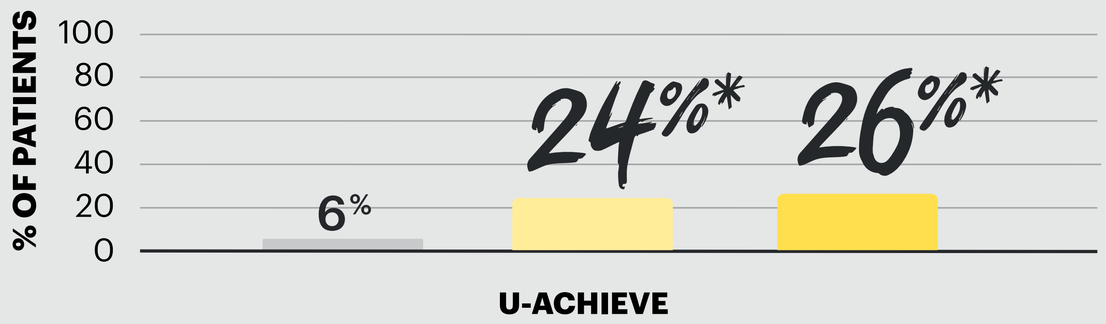
Placebo (n=154)
RINVOQ 45 mg QD (n=319)
Placebo (n=174)
RINVOQ 45 mg QD (n=341)



MAINTENANCE

Secondary, multiplicity-controlled endpoint

Placebo (n=149)
RINVOQ 15 mg QD (n=148)
RINVOQ 30 mg QD (n=154)



RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT†

Endoscopic remission at Induction Week 8 and Maintenance Week 52 were ranked secondary endpoints.[1,2] Endoscopic remission defined as ESS=0.[1] †Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.[1,10]
*P<0.0001 vs placebo, multiplicity-controlled analysis (ITT).

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DURABLE MUCOSAL HEALING[1,10]

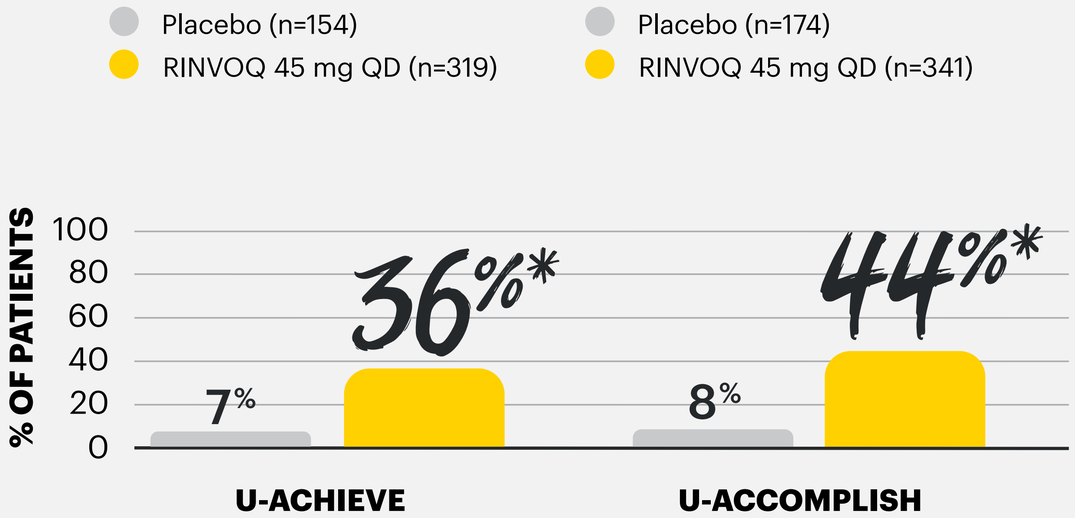
ENDOSCOPIC REMISSION | MUCOSAL HEALING

DEFINITIONS | HISTO-ENDO MUCOSAL HEALING | DEEP MUCOSAL HEALING | REAL PATIENT CASE

MUCOSAL HEALING (ESS OF 0 OR 1 WITHOUT FRIABILITY)

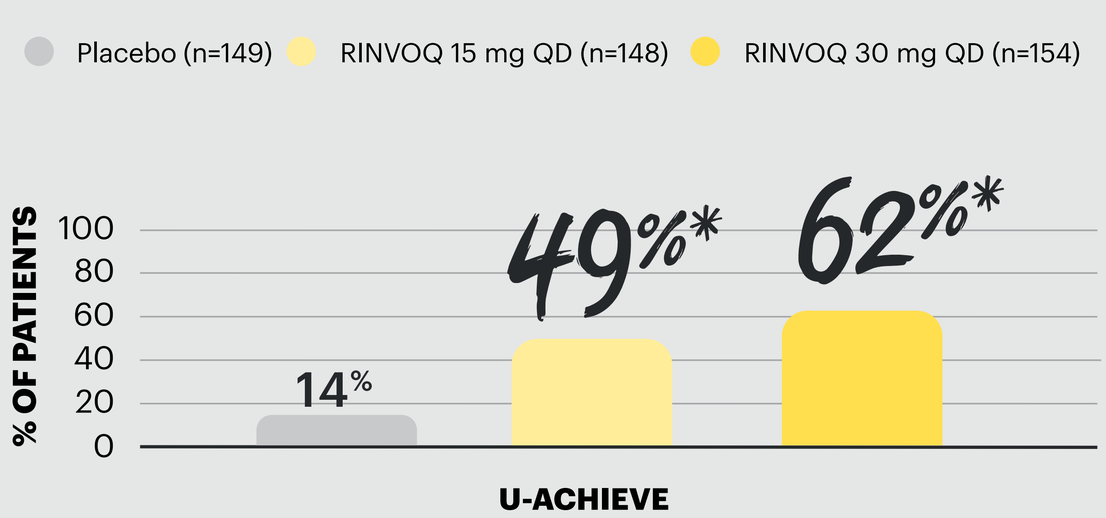
INDUCTION

Secondary, multiplicity-controlled endpoint



MAINTENANCE

Secondary, multiplicity-controlled endpoint



RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT†

Mucosal healing at Induction Week 8 and Maintenance Week 52 were ranked secondary endpoints.[1,10] Maintenance of mucosal healing at Maintenance Week 52 was a ranked secondary endpoint and was assessed in patients who achieved mucosal healing with 8-week RINVOQ 45 mg QD induction treatment (n=216).[1,10]

*P<0.0001 vs placebo, multiplicity-controlled analysis (ITT).

†Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.[1,10]

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HOW WE DEFINE *HEALING*[1]

MUCOSAL HEALING

ESS

Mucosal healing:
ESS of **0 or 1** without friability

Endoscopic remission:
ESS of **0**

HISTO-ENDO MUCOSAL HEALING

ESS

Histologic-endoscopic mucosal healing:
ESS of **0 or 1** without friability and Geboes score of **≤3.1**

Deep mucosal healing:
ESS of **0** and Geboes score of **<2**

GEBOES SCORE IS A MEASURE OF HISTOLOGIC INFLAMMATION

Geboes score	What it indicates
≤3.1	Neutrophil infiltration in <5% of crypts, no crypt destruction, and no erosions, ulcerations, or granulation tissue
<2	No neutrophil in crypts or lamina propria and no increase in eosinophil; no crypt destruction; and no erosions, ulcerations, or granulation tissue

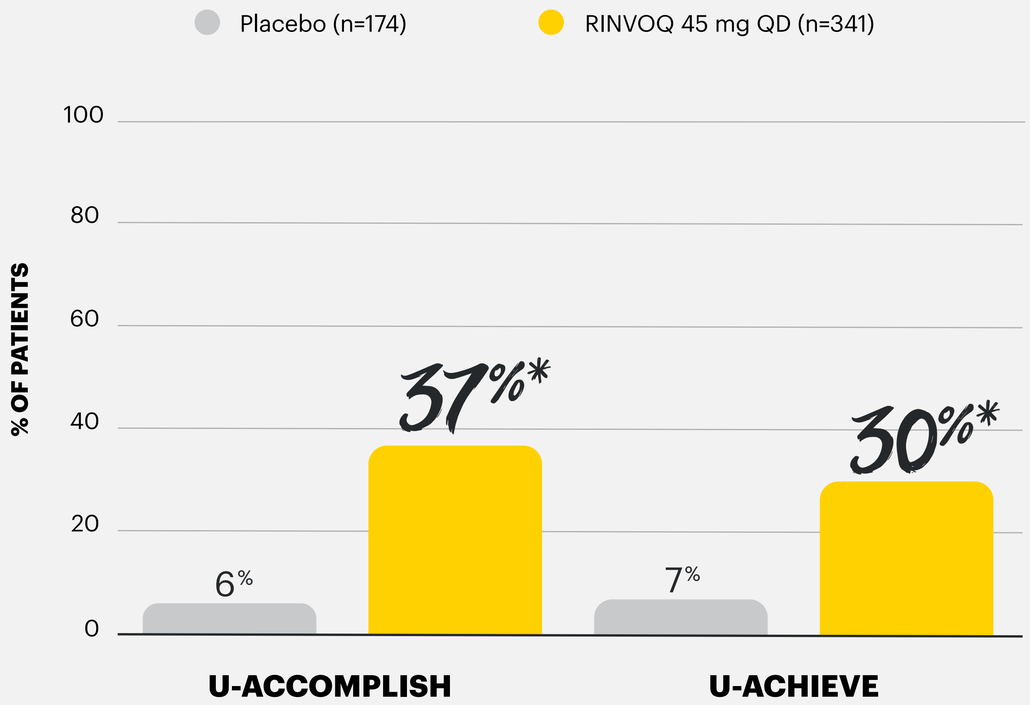
Per RINVOQ Summary of Product Characteristics.

RINVOQ® upadacitinib

HISTO-ENDO MUCOSAL HEALING
IN INDUCTION AND MAINTENANCE STUDIES[1,10]

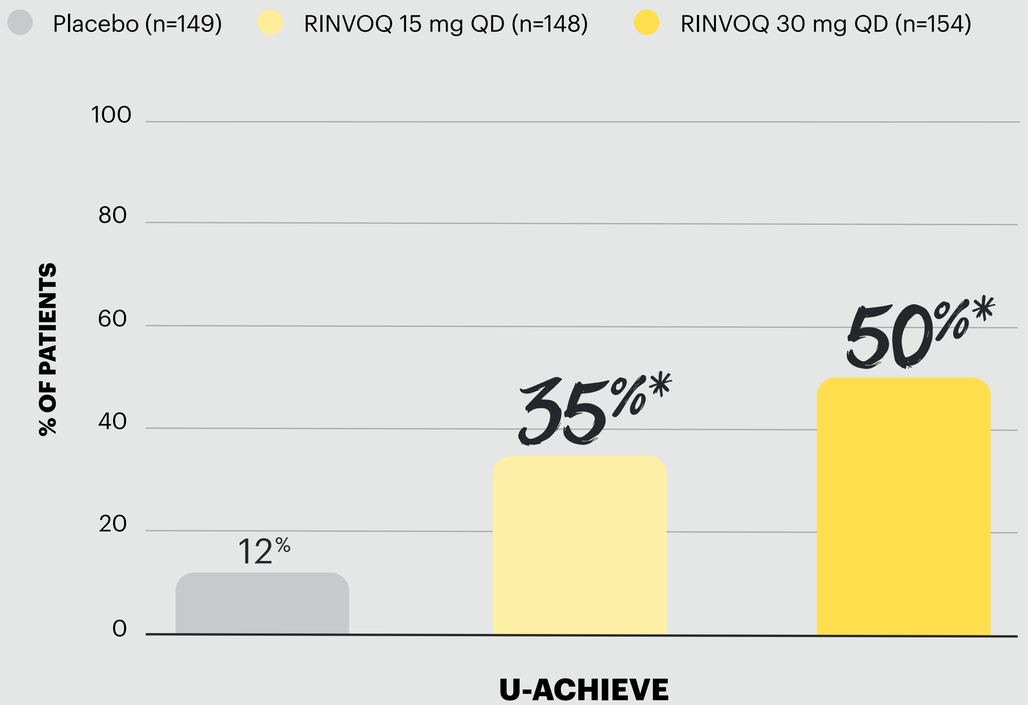
INDUCTION

Histo-endo mucosal healing at Week 8
(ESS 0 or 1 without friability + Geboes ≤3.1)
Secondary endpoint



MAINTENANCE

Histo-endo mucosal healing at Week 52
(ESS 0 or 1 without friability + Geboes ≤3.1)
Secondary endpoint



RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT‡

Histologic-endoscopic mucosal healing at Induction Week 8 and Maintenance Week 52 were ranked secondary endpoints.[1,10] Histologic-endoscopic mucosal healing defined as ESS=0 or 1 without friability and Geboes score <3.1.[1,10]
**P*<0.0001 vs placebo, multiplicity-controlled analysis (ITT).
‡Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.[1,2]

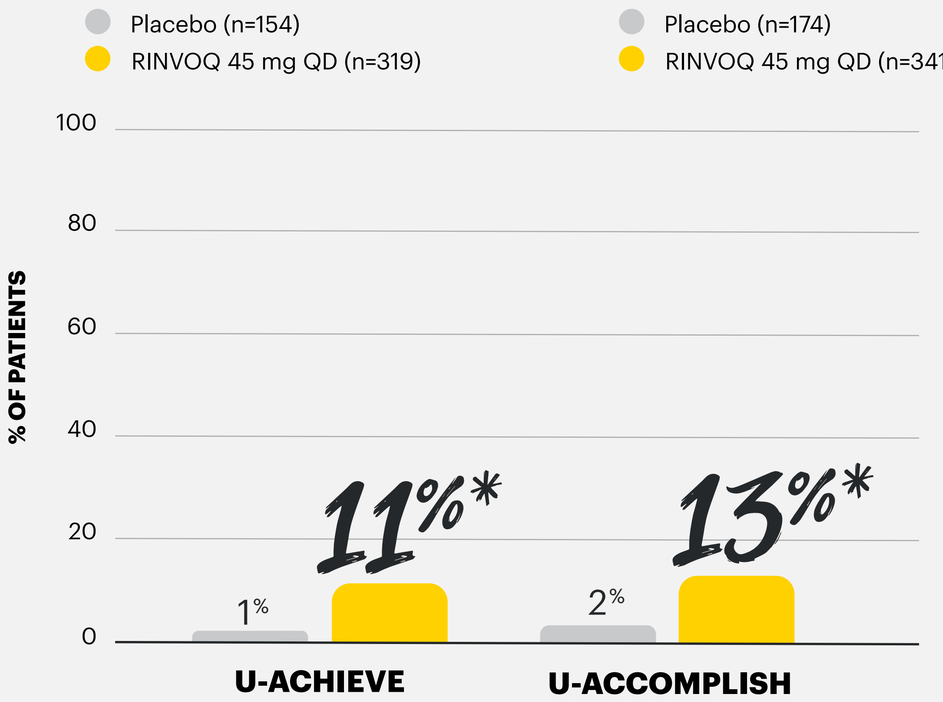
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DEEP MUCOSAL HEALING
ACHIEVED AT INDUCTION AND MAINTENANCE[1,10]

MORE STRINGENT ENDPOINT CRITERIA THAN IN PREVIOUS PHASE 3 STUDIES EVALUATING THERAPIES FOR UC[2]

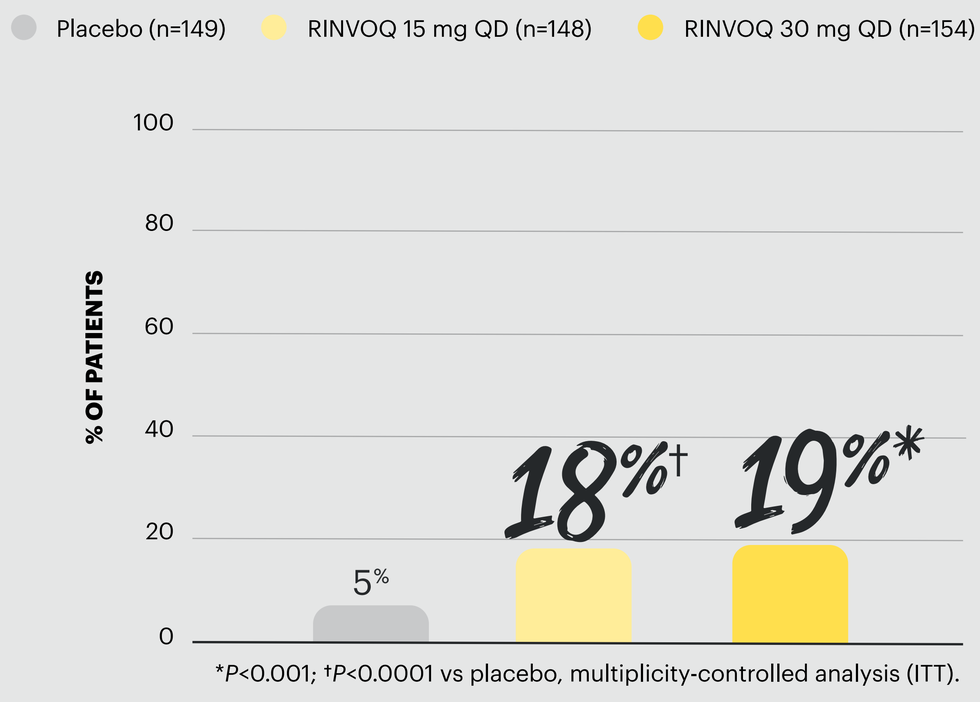
INDUCTION

Deep mucosal healing at **Week 8** *(ESS 0 + Geboes <2)*
Secondary endpoint



MAINTENANCE

Deep mucosal healing at **Week 52** *(ESS 0 + Geboes <2)*
Secondary endpoint



*P<0.001; †P<0.0001 vs placebo, multiplicity-controlled analysis (ITT).

RERANDOMIZATION OF RESPONDERS TO 8-WEEK RINVOQ 45 MG QD INDUCTION TREATMENT‡

Deep mucosal healing at Induction Week 8 and Maintenance Week 52 were ranked secondary endpoints.[1,10] Deep mucosal healing defined as ESS=0 and Geboes score <2.[1,10]
*P<0.0001 vs placebo, multiplicity-controlled analysis (ITT). †P<0.001. ‡Maintenance study design: Patients who responded to 8 weeks of RINVOQ 45 mg QD induction therapy were rerandomized 1:1:1 to receive either RINVOQ 15 mg QD, 30 mg QD, or placebo and efficacy for both RINVOQ doses and placebo was assessed at 52 weeks.[1,10]

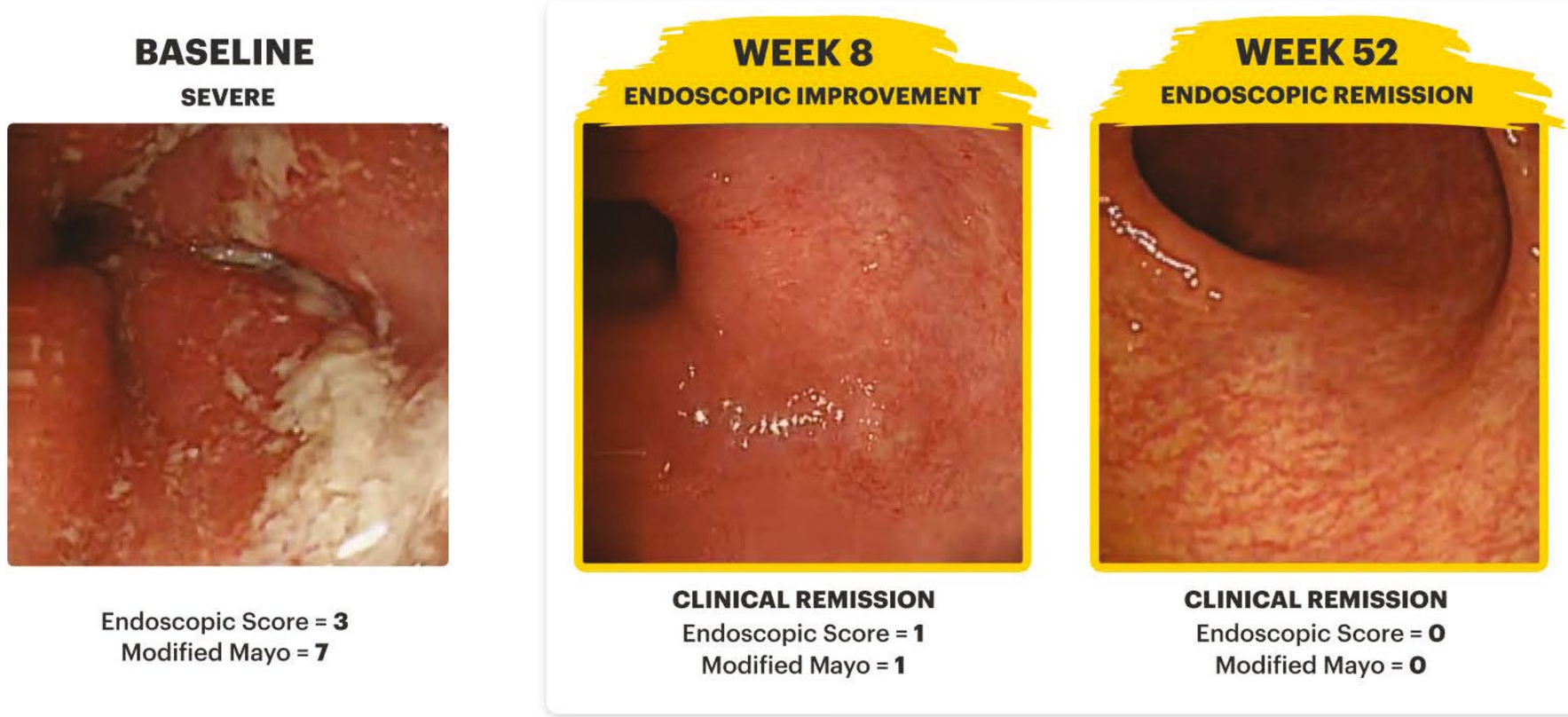
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REAL PATIENT CASE:
CLINICAL TRIAL[11]

PATIENT 1 | PATIENT 2

Sex: **Female** | Age: **30s** | **Left-sided colitis**

Patient received 45 mg (induction) and 30 mg (maintenance)



Clinical remission is defined as stool frequency subscore ≤1 and not greater than baseline, rectal bleeding subscore of 0, and endoscopic subscore ≤1 without friability.

Endoscopic improvement was defined as Mayo endoscopic subscore of 0 or 1 without friability. Endoscopic results are based on a full colonoscopy or flexible sigmoidoscopy, depending on the extent of disease at study entry.

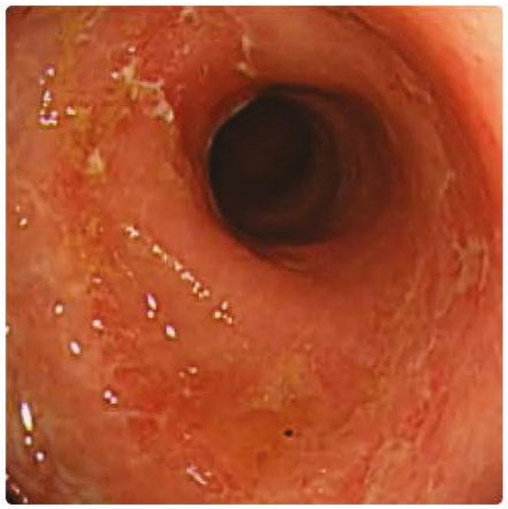
REAL PATIENT CASE:
CLINICAL TRIAL[11]

PATIENT 1 | PATIENT 2

Sex: **Female** | Age: **20s** | **Left-sided colitis**

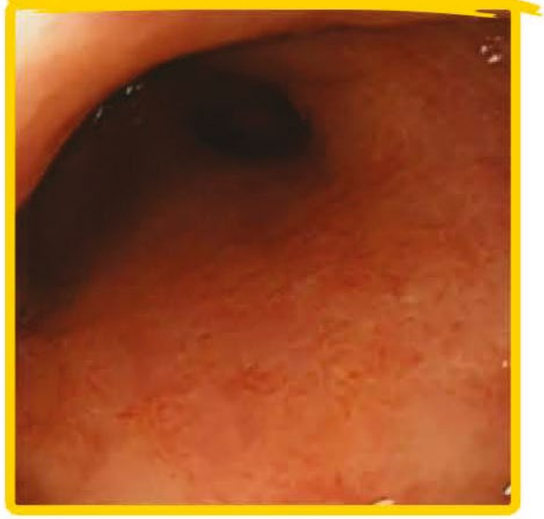
Patient received 45 mg (induction) and 15 mg (maintenance)

BASELINE
SEVERE



Endoscopic Score = **3**
Modified Mayo = **7**

WEEK 8



CLINICAL RESPONSE
Endoscopic Score = **2**
Modified Mayo = **3**

WEEK 52
ENDOSCOPIC IMPROVEMENT



CLINICAL REMISSION
Endoscopic Score = **1**
Modified Mayo = **1**

Clinical remission is defined as stool frequency subscore ≤1 and not greater than baseline, rectal bleeding subscore of 0, and endoscopic subscore ≤1 without friability.

Endoscopic improvement was defined as Mayo endoscopic subscore of 0 or 1 without friability. Endoscopic results are based on a full colonoscopy or flexible sigmoidoscopy, depending on the extent of disease at study entry.

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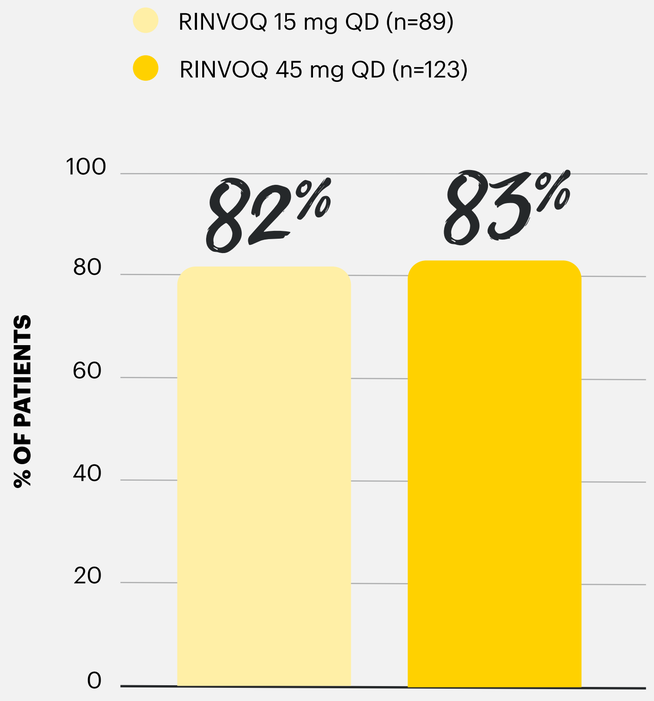
2-YEAR EFFICACY DATA
WITH RINVOQ IN UC

U-ACTIVATE STUDY DESIGN

FULL 2-YEAR EFFICACY DATA

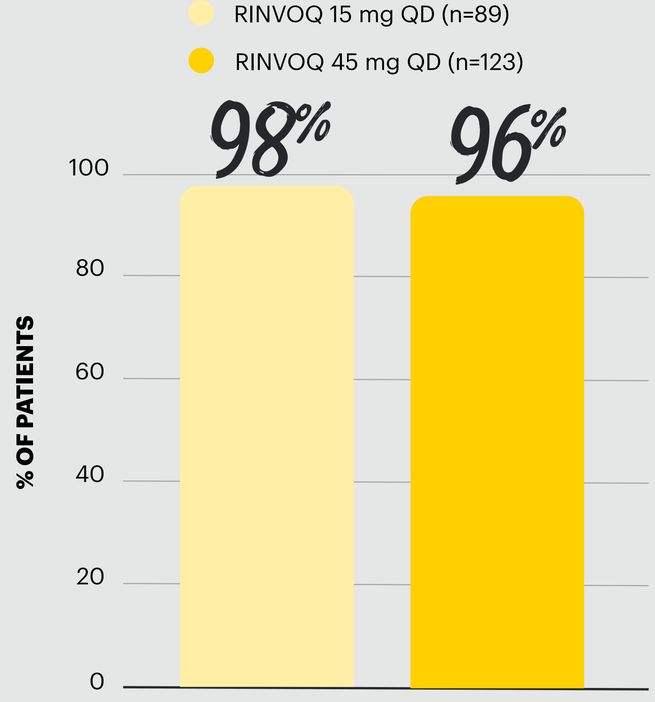
Endoscopic and Clinical Endpoints[12]
(for patients who met the inclusion criteria of the 48-week long-term extension study)

ENDOSCOPIC IMPROVEMENT
(ESS 1)



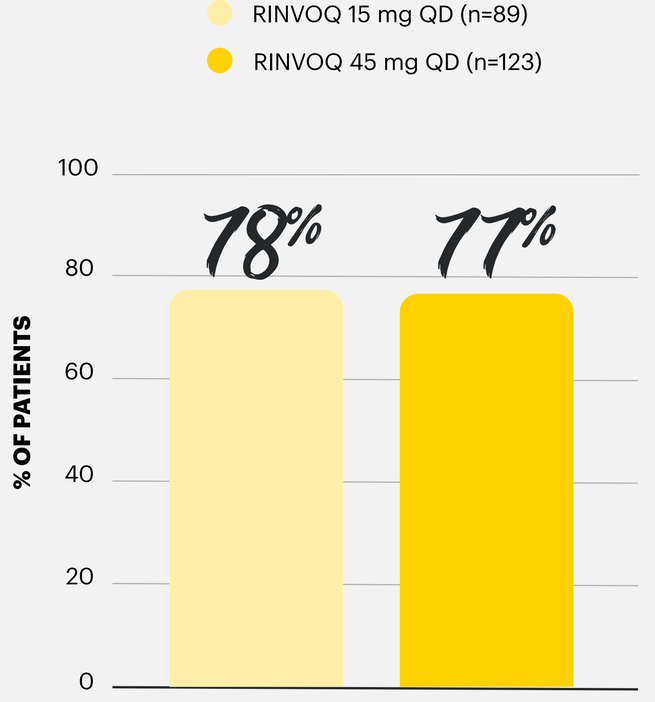
Endoscopic improvement at Maintenance Week 52: 15% placebo (n=149), 49% RINVOQ 15 mg QD (n=148), 62% RINVOQ 30 mg QD (n=154).

CLINICAL RESPONSE (PER AMS)
(Decrease in aMs ≥2 points and ≥30% from baseline, plus a decrease in RBS ≥2 or an absolute RBS ≤1)



Maintenance of clinical response per aMs at Maintenance Week 52: 19% placebo (n=134), 63% RINVOQ 15 mg QD (n=135), 77% RINVOQ 30 mg QD (n=144).

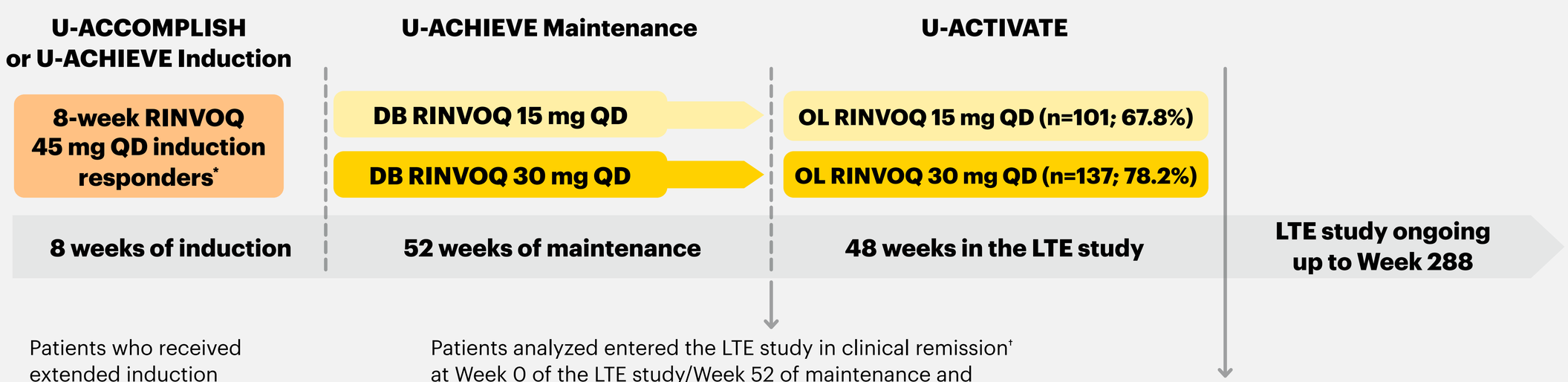
MAINTENANCE OF CLINICAL REMISSION (PER AMS)
(aMs ≥2, with SFS ≤1 and not greater than baseline, RBS 0, and ESS ≤1)



Clinical remission per aMs (NRI-C) at Maintenance Week 52: 12% placebo (n=148), 52% RINVOQ 15 mg QD (n=148), 52% RINVOQ 30 mg QD (n=154).

2-YEAR EFFICACY DATA
WITH RINVOQ IN UC

U-ACTIVATE Study Design[12]



Patients who received extended induction (16 weeks) with RINVOQ 45 mg QD were excluded from this analysis.

Patients analyzed entered the LTE study in clinical remission† at Week 0 of the LTE study/Week 52 of maintenance and continued the same dose of RINVOQ.

- Of the 149 patients on RINVOQ 15 mg QD in U-ACHIEVE Maintenance who entered the LTE study, 48 (32.2%) were not in clinical remission and underwent dose escalation, and were not analyzed.
- Of the 175 patients on RINVOQ 30 mg QD in U-ACHIEVE Maintenance who entered the LTE study, 38 (21.7%) were not in remission and were not analyzed.

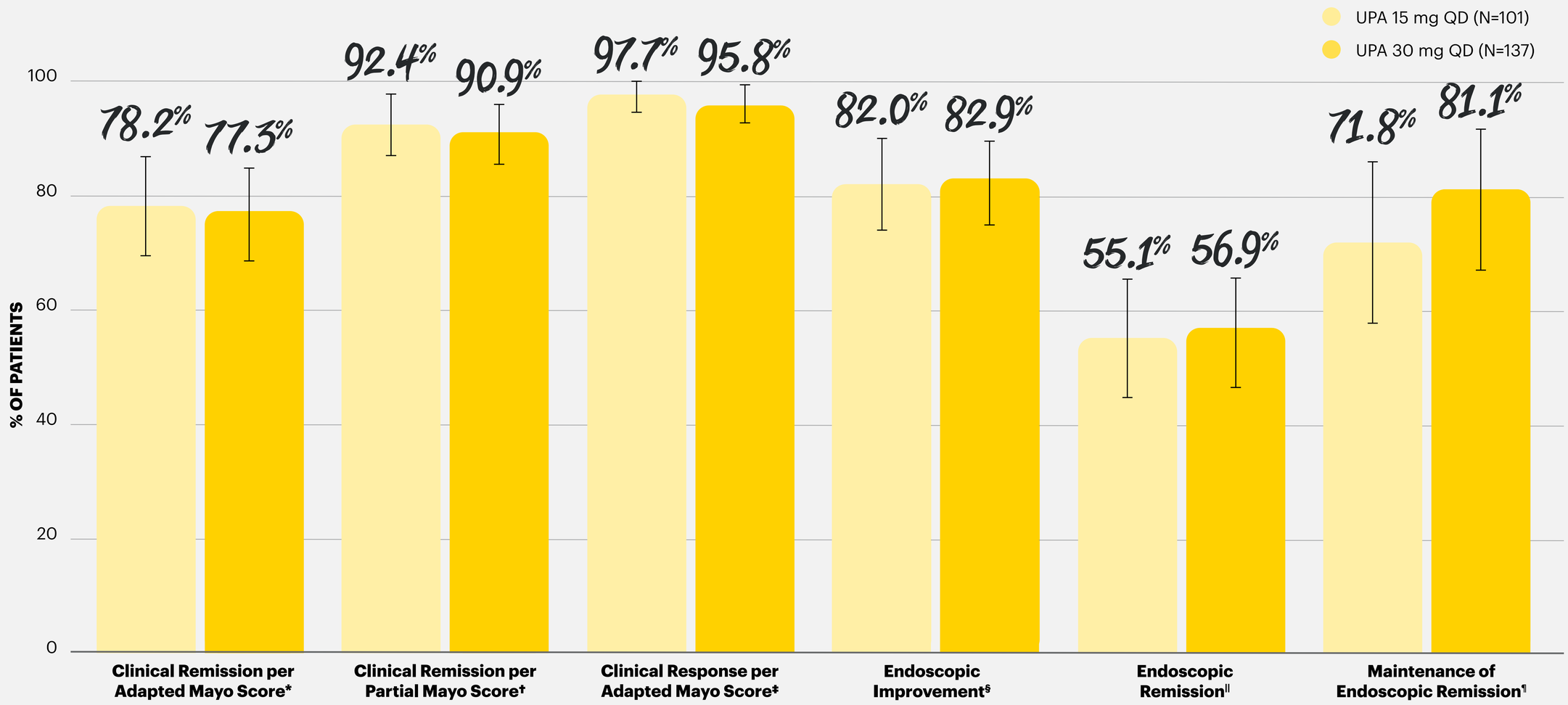
Analysis reported here (≈2 years' total treatment)‡

*Clinical response was defined as a decrease in Adapted Mayo Score of ≥2 points and ≥30% from baseline, plus a decrease in RBS of ≥1 or an absolute RBS of ≤1; †Clinical remission was defined as stool frequency subscore ≤1 and not greater than baseline, RBS=0, and endoscopy subscore ≤1; ‡Patients who underwent dose escalation or de-escalation were not analyzed.

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2-YEAR EFFICACY DATA
WITH RINVOQ IN UC

THE PROPORTIONS OF PATIENTS ACHIEVING EFFICACY ENDPOINTS AT WEEK 48 OF THE LTE WERE SIMILAR WITH BOTH RINVOQ DOSES[12]

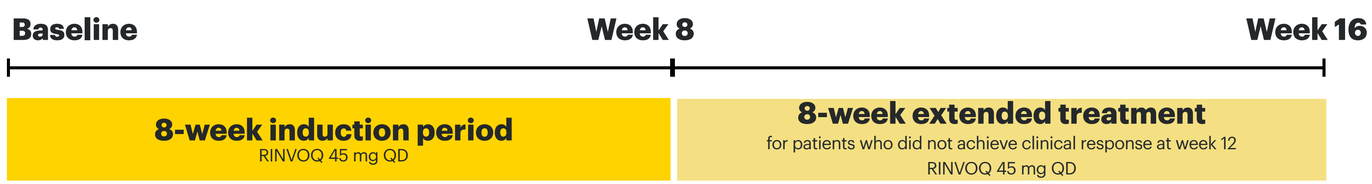


*Adapted Mayo score ≤2, with stool frequency subscore ≤1 and not greater than baseline, RBS=0, and ESS ≤1; †Partial Mayo score ≤2, with no subscore >1; ‡Decrease in Adapted Mayo score ≥2 points and ≥30% from baseline, plus a decrease in RBS ≥1 or an absolute RBS ≤1; §ESS ≤1; ‖ESS=0; ¶Patients who achieve endoscopic remission at Week 0 and Week 48 of the long-term extension study.

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CLINICAL RESPONSE (PER AMS) AFTER INDUCTION OR EXTENDED INDUCTION PERIOD

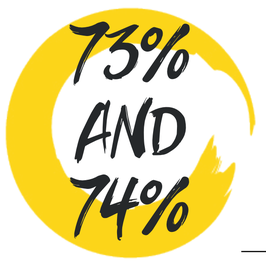
In both U-ACHIEVE and U-ACCOMPLISH, the 8-week induction period with RINVOQ 45 mg QD was followed by an 8-week extended induction period with RINVOQ 45 mg QD for those patients who did not achieve clinical response (SF/APS) by the end of induction.[1,10]



Each circle represents approximately 6 patients across the U-ACHIEVE (N=319) and U-ACCOMPLISH (N=341) studies.

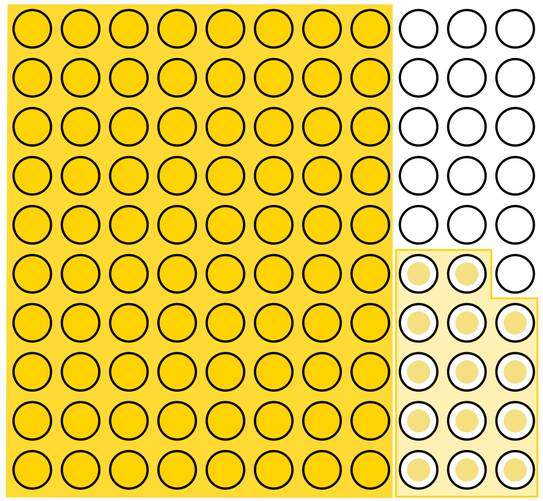
= patients who responded by Week 8 of treatment

= induction non-responders who responded by Week 16 of treatment



of patients responded by Week 8

RINVOQ 45 mg QD during induction





of those without a response during induction responded by Week 16

RINVOQ 45 mg QD n=60/125

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HELP YOUR PATIENTS WITH UC ACHIEVE THE OUTCOME THEY DESERVE with RINVOQ

as a first-line therapy or their next advanced therapy[1]

Consider patients in your practice that may benefit from RINVOQ:

- Adults with an inadequate response, lost response, or who were **intolerant to conventional therapy**
- Adults with an inadequate response, lost response, or who were intolerant **to a prior biologic agent**

Do you need any further information or samples?

LEARN ABOUT RINVOQ IN CD

SAFETY PROFILE, DOSING, AND SUMMARY FOR CD AND UC

OVERVIEW OF UC SAFETY

WELL-STUDIED SAFETY PROFILE IN UC THROUGH 8 WEEKS[10]

WITH RINVOQ 45 MG QD

INDUCTION | MAINTENANCE

INDUCTION

	U-ACHIEVE Induction		U-ACCOMPLISH	
Parameter, n (%)	**Placebo (n=155)**	**RINVOQ 45 mg QD (n=319)**	**Placebo (n=177)**	**RINVOQ 45 mg QD (n=344)**
AE	96 (62)	180 (56)	70 (40)	182 (53)
Serious AE	9 (6)	8 (3)	8 (5)	11 (3)
AE leading to treatment discontinuation of study drug	14 (9.0)	6 (2)	9 (5)	6 (2)
Death*	0 (0)	0 (0)	0 (0)	0 (0)
Most frequent AEs (reported by ≥5% of patients in any treatment group)†				
Nasopharyngitis	6 (4)	15 (5)	4 (2)	13 (4)
CPK elevation	3 (2)	16 (5)	2 (1)	16 (5)
Worsening of UC	21 (14)	3 (<1)	8 (5)	6 (2)
URTI	7 (5)	8 (3)	1 (1)	7 (2)
Acne	1 (1)	15 (5)	3 (2)	24 (7)
Arthralgia	6 (4)	5 (2)	3 (2)	5 (1)
Headache	4 (3)	13 (4)	9 (5)	8 (2)
Anemia	9 (6)	8 (3)	4 (2)	14 (4)

*Includes non-treatment emergent deaths. †The rates of the 4 most frequent AEs are listed for all studies.

WELL-STUDIED SAFETY PROFILE IN UC THROUGH 52 WEEKS[10]

WITH RINVOQ 15 MG QD AND RINVOQ 30 MG QD

INDUCTION | MAINTENANCE

MAINTENANCE

	U-ACHIEVE		
Parameter, n (%)	**Placebo (n=149)**	**RINVOQ 15 mg QD (n=148)**	**RINVOQ 30 mg QD (n=154)**
AE	113 (76)	115 (78)	121 (79)
Serious AE	19 (13)	10 (7)	9 (6)
AE leading to discontinuation	17 (11)	6 (4)	10 (6)
Death*	0 (0)	0 (0)	0 (0)
Most frequent AEs (reported by ≥5% of patients in any treatment group), n (%)†			
Nasopharyngitis	15 (10)	18 (12)	22 (14)
CPK elevation	3 (2)	9 (6)	13 (8)
Worsening of UC	45 (30)	19 (13)	11 (7)
URTI	6 (4)	7 (5)	9 (6)
Acne	6 (4)	4 (3)	6 (4)
Arthralgia	15 (10)	9 (6)	5 (3)
Headache	6 (4)	4 (3)	5 (3)
Anemia	6 (4)	7 (5)	1 (<1)

*Includes non-treatment emergent deaths. †The rates of the 4 most frequent AEs are listed for all studies.

SAFETY PROFILE
IN CD AND UC - INDUCTION

CD: THROUGH INDUCTION WEEK 12[4]

	U-EXCEL		U-EXCEED	
Parameter, n (%)	**Placebo (n=176)**	**RINVOQ 45 mg QD (n=350)**	**Placebo (n=171)**	**RINVOQ 45 mg QD (n=324)**
Any AE	103 (59)	219 (63)	112 (66)	221 (68)
AE related to COVID-19	1 (0.6)	3 (0.9)	0	2 (0.6)
AE possibly related to study drug	38 (22)	109 (31)	39 (23)	112 (35)
Severe AE	15 (9)	31 (9)	20 (12)	28 (9)
Serious AE	12 (7)	24 (7)	17 (10)	30 (9)
AE leading to discontinuation of study drug	10 (6)	15 (4)	7 (4)	18 (6)
Death*	0	0	0	0
Most frequent AEs (reported by ≥5% of patients in any treatment group), n (%)				
Nasopharyngitis	6 (3)	16 (5)	5 (3)	23 (7)
Headache	7 (4)	15 (4)	9 (5)	20 (6)
Worsening of CD	18 (10)	13 (4)	23 (14)	19 (6)
URTI	4 (2)	12 (3)	5 (3)	17 (5)
Anemia	8 (5)	22 (6)	10 (6)	16 (5)
Acne	1 (0.6)	24 (7)	4 (2)	15 (5)
Abdominal pain	5 (3)	13 (4)	12 (7)	5 (1)
Arthralgia	8 (5)	9 (3)	11 (6)	7 (2)
Back pain	3 (2)	7 (2)	11 (6)	4 (1)

UC: THROUGH INDUCTION WEEK 8[10]

	U-ACHIEVE Induction		U-ACCOMPLISH	
Parameter, n (%)	**Placebo (n=155)**	**RINVOQ 45 mg QD (n=319)**	**Placebo (n=177)**	**RINVOQ 45 mg QD (n=344)**
AE	96 (62)	180 (56)	70 (40)	182 (53)
Serious AE	9 (6)	8 (3)	8 (5)	11 (3)
AE leading to treatment discontinuation of study drug	14 (9)	6 (2)	9 (5)	6 (2)
Death†	0 (0)	0 (0)	0 (0)	0 (0)
Most frequent AEs (reported by ≥5% of patients in any treatment group)‡				
Nasopharyngitis	6 (4)	15 (5)	4 (2)	13 (4)
CPK elevation	3 (2)	16 (5)	2 (1)	16 (5)
Worsening of UC	21 (14)	3 (<1)	8 (5)	6 (2)
URTI	7 (5)	8 (3)	1 (1)	7 (2)
Acne	1 (1)	15 (5)	3 (2)	24 (7)
Arthralgia	6 (4)	5 (2)	3 (2)	5 (1)
Headache	4 (3)	13 (4)	9 (5)	8 (2)
Anemia	9 (6)	8 (3)	4 (2)	14 (4)

*In U-EXCEED, there was 1 non-treatment emergent death due to infectious shock in a patient who received RINVOQ 45 mg QD for 5 days; the death occurred 159 days after premature discontinuation from the study. †Includes non-treatment emergent deaths.[4] ‡The rates of the 4 most frequent AEs are listed for all studies.

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SAFETY PROFILE
IN CD AND UC - MAINTENANCE

UC 2-YEAR SAFETY

CD: U-ENDURE at Week 52[4]

AESI, n (%)	Placebo (n=233)	RINVOQ 15 mg QD (n=221)	RINVOQ 30 mg QD (n=229)
Any AE	169 (76)	165 (75)	176 (77)
Serious AE	31 (14)	26 (12)	24 (11)
AE leading to discontinuation	8 (4)	16 (7)	13 (6)
Death	0	0	0
Serious infection	9 (4)	7 (3)	11 (5)
Opportunistic infection excluding tuberculosis and herpes zoster	0	1 (0.5)	1 (0.4)
Herpes zoster	5 (2)	6 (3)	12 (5)
Anemia	13 (6)	12 (5)	10 (4)
Lymphopenia	10 (5)	4 (2)	9 (4)
Neutropenia	1 (0.4)	2 (0.9)	5 (2)
CPK elevation	3 (1)	5 (2)	8 (4)
Hepatic disorder	2 (0.9)	7 (3)	11 (5)
Renal disorder	2 (0.9)	0	0
Adjudicated gastrointestinal perforation (cohort 1)	1 (0.4)	1 (0.5)	1 (0.4)
Adjudicated thrombotic event	0	0	1 (0.4)
Malignancies (all types)	0	1 (0.5)	2 (0.9)
Adjudicated cardiovascular events	0	0	0

UC: U-ACHIEVE at Week 52[10]

AESI, n (%)	Placebo (n=149)	RINVOQ 15 mg QD (n=148)	RINVOQ 30 mg QD (n=154)
Any AE	113 (76)	115 (78)	121 (79)
Serious AE	19 (13)	10 (7)	9 (6)
AE leading to discontinuation	17 (11)	6 (4)	10 (6)
Death	0	0	0
Serious infection	6 (4)	5 (3)	4 (3)
Opportunistic infection (excluding tuberculosis and herpes zoster)	0 (0)	1 (1)	0 (0)
Herpes zoster	0 (0)	6 (4)	6 (4)
Malignancy excluding NMSC	1 (<1)	1 (<1)	2 (1)
NMSC	0 (0)	0 (0)	2 (1)
Renal dysfunction	1 (<1)	1 (<1)	1 (<1)
Hepatic disorder	3 (2)	10 (7)	8 (5)
Adjudicated gastrointestinal perforation	1 (1)	0 (0)	0 (0)
Adjudicated MACE	1 (1)	0 (0)	0 (0)
Adjudicated VTE	0 (0)	0 (0)	2 (1)
Anemia	9 (6)	7 (5)	3 (2)
Neutropenia	2 (1)	4 (3)	9 (6)
Lymphopenia	2 (1)	3 (2)	3 (2)
CPK elevation	3 (2)	9 (6)	13 (8)

The efficacy and safety data for RINVOQ in CD and UC are based on several Phase 3 clinical trials, with differing patient populations and trial designs. No comparisons should be made between efficacy and safety results of RINVOQ in CD and UC.

UC: SAFETY PROFILE AT WEEK 48 OF U-ACTIVATE LTE STUDY (2 YEARS TOTAL)[12]

EAER (events/100 PYs)	RINVOQ 15 mg QD (n=101; 186.0 PYs)	RINVOQ 30 mg QD (n=137; 240.5 PYs)
Any AE	350 (188.1)	474 (197.1)
Serious AE	11 (5.9)	21 (8.7)
AE leading to treatment discontinuation	6 (3.2)	7 (2.9)
AE leading to death	0	0

EAIR n/PY (n/100 PYs)* [CI]	RINVOQ 15 mg QD (n=101; 186.0 PYs)	RINVOQ 30 mg QD (n=137; 240.5 PYs)
Malignancy excluding NMSC†	1/186.0 (0.5) [0, 3.0]	1/240.5 (0.4) [0, 2.3]
NMSC	0/186.0 (0) [0, 2.0]	3/236.1 (1.3) [0.3, 3.7]
Adjudicated MACE‡	0/186.0 (0) [0, 2.0]	0/240.5 (0) [0, 1.5]
Adjudicated VTE§	0/186.0 (0) [0, 2.0]	1/240.4 (0.4) [0, 2.3]

*PYs after the first instance were not counted for that patient; †The events of malignancy excluding NMSC were 1 event of papillary thyroid carcinoma (EAIR: 0.5) in the UPA 15 mg QD group and 1 event of squamous cell carcinoma of the uterine cervix (EAIR: 0.4) in the UPA 30 mg QD group; ‡Defined as cardiovascular death, non-fatal myocardial infarction, and non-fatal stroke; §Defined as deep vein thrombosis and pulmonary embolism (fatal and non-fatal).

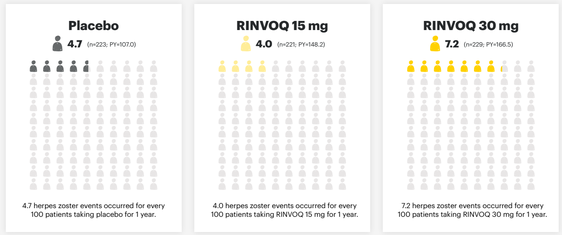
RINVOQ® upadacitinib

SAFETY PROFILE IN CD

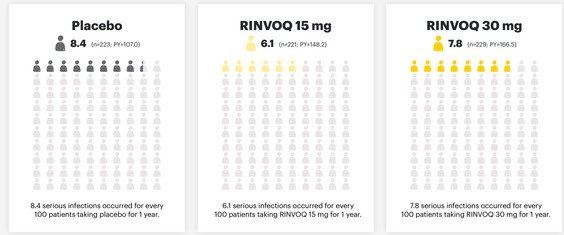
CD: U-ENDURE Maintenance[1,4]

AESIs per 100 PYs through 52 weeks with RINVOQ 15 mg QD and RINVOQ 30 mg QD*

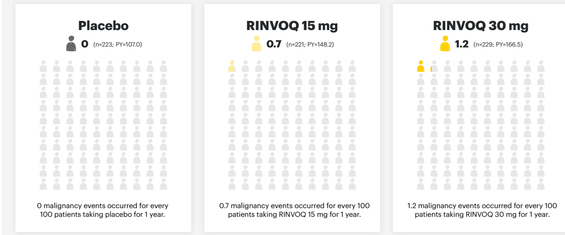
HERPES ZOSTER



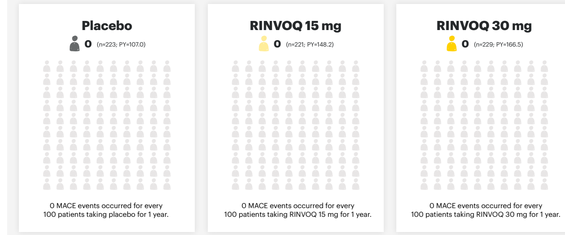
SERIOUS INFECTIONS



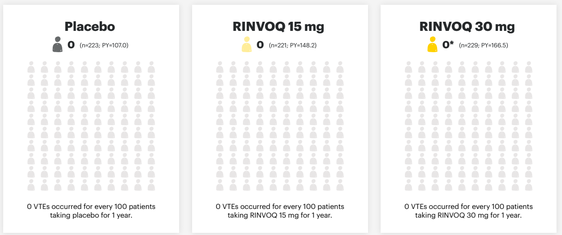
MALIGNANCY (ALL TYPES)



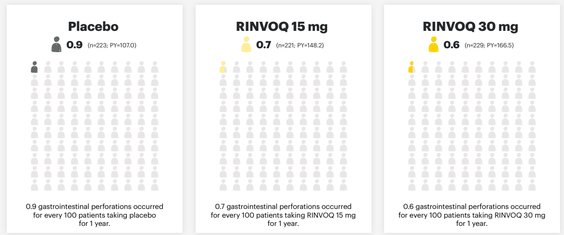
MACEs (ADJUDICATED)



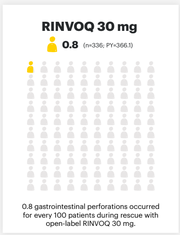
VTE (ADJUDICATED)



GASTROINTESTINAL PERFORATIONS



MAINTENANCE RESCUE TREATMENT: GASTROINTESTINAL PERFORATION (ADJUDICATED)



RINVOQ should only be used if no suitable treatment alternatives are available in patients:[1]

- 65 years of age and older;
- With history of atherosclerotic cardiovascular disease or other cardiovascular risk factors (such as current or past longtime smokers);
- With malignancy risk factors (eg, current malignancy or history of malignancy)

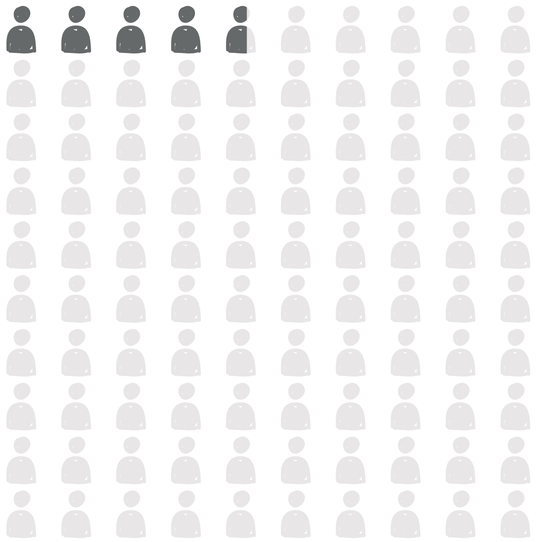
*The safety analysis population (n=673) during the 52-week maintenance period included all patients who received at least 1 dose of treatment as part of the primary analysis population.

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HERPES ZOSTER[4]

Placebo

4.7 (n=223; PY=107.0)



4.7 herpes zoster events occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg

4.0 (n=221; PY=148.2)

4.0 herpes zoster events occurred for every 100 patients taking RINVOQ 15 mg for 1 year.

RINVOQ 30 mg

7.2 (n=229; PY=166.5)

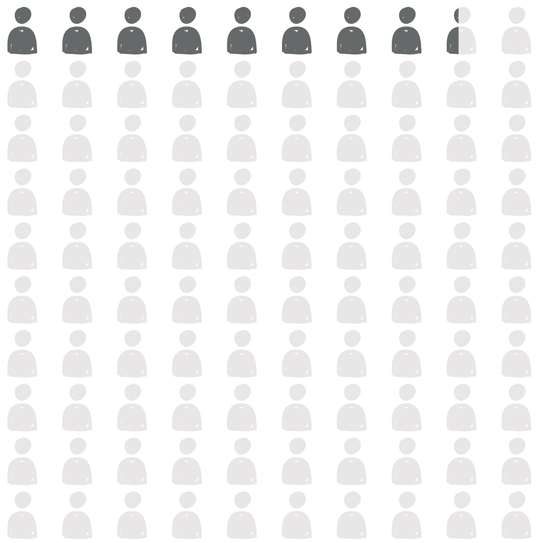


7.2 herpes zoster events occurred for every 100 patients taking RINVOQ 30 mg for 1 year.

SERIOUS INFECTIONS[4]

Placebo

8.4 (n=223; PY=107.0)



8.4 serious infections occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg

6.1 (n=221; PY=148.2)

6.1 serious infections occurred for every 100 patients taking RINVOQ 15 mg for 1 year.

RINVOQ 30 mg

7.8 (n=229; PY=166.5)



7.8 serious infections occurred for every 100 patients taking RINVOQ 30 mg for 1 year.

MALIGNANCY (ALL TYPES)[4]

Placebo

0 (n=223; PY=107.0)

0 malignancy events occurred for every 100 patients taking placebo for 1 year.

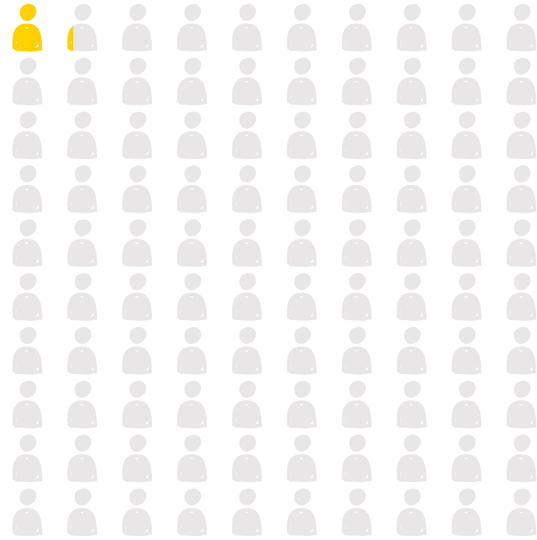
RINVOQ 15 mg

0.7 (n=221; PY=148.2)

0.7 malignancy events occurred for every 100 patients taking RINVOQ 15 mg for 1 year.

RINVOQ 30 mg

1.2 (n=229; PY=166.5)



1.2 malignancy events occurred for every 100 patients taking RINVOQ 30 mg for 1 year.

MACEs (ADJUDICATED)[4]

Placebo

0 (n=223; PY=107.0)

0 MACE events occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg

0 (n=221; PY=148.2)

0 MACE events occurred for every 100 patients taking RINVOQ 15 mg for 1 year.

RINVOQ 30 mg

0 (n=229; PY=166.5)

0 MACE events occurred for every 100 patients taking RINVOQ 30 mg for 1 year.

VTE (ADJUDICATED)[4]

Placebo

0 (n=223; PY=107.0)

0 VTEs occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg

0 (n=221; PY=148.2)

0 VTEs occurred for every 100 patients taking RINVOQ 15 mg for 1 year.

RINVOQ 30 mg

0* (n=229; PY=166.5)

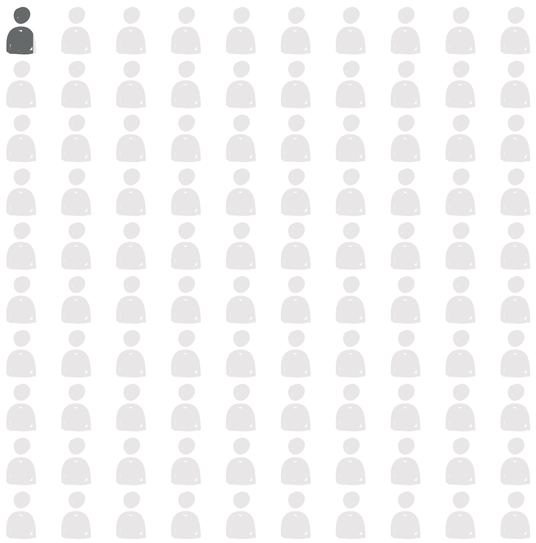
0 VTEs occurred for every 100 patients taking RINVOQ 30 mg for 1 year.

*One case of hepatic vein thrombosis concurrent with exacerbation of Crohn's disease was reported in a patient receiving RINVOQ 30 mg.

GASTROINTESTINAL PERFORATIONS[1]

Placebo

0.9 (n=223; PY=107.0)



0.9 gastrointestinal perforations occurred for every 100 patients taking placebo for 1 year.

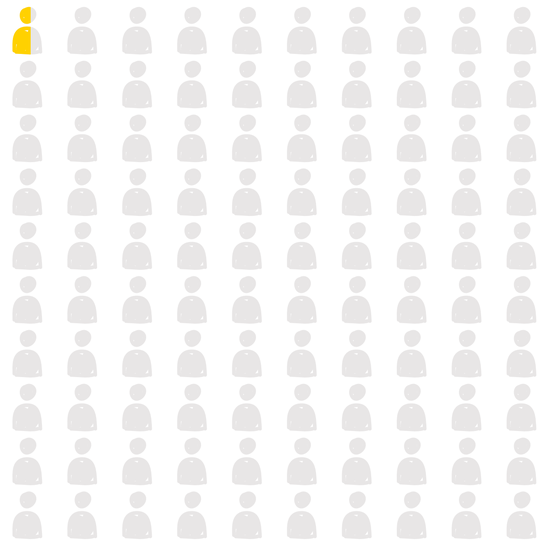
RINVOQ 15 mg

0.7 (n=221; PY=148.2)

0.7 gastrointestinal perforations occurred for every 100 patients taking RINVOQ 15 mg for 1 year.

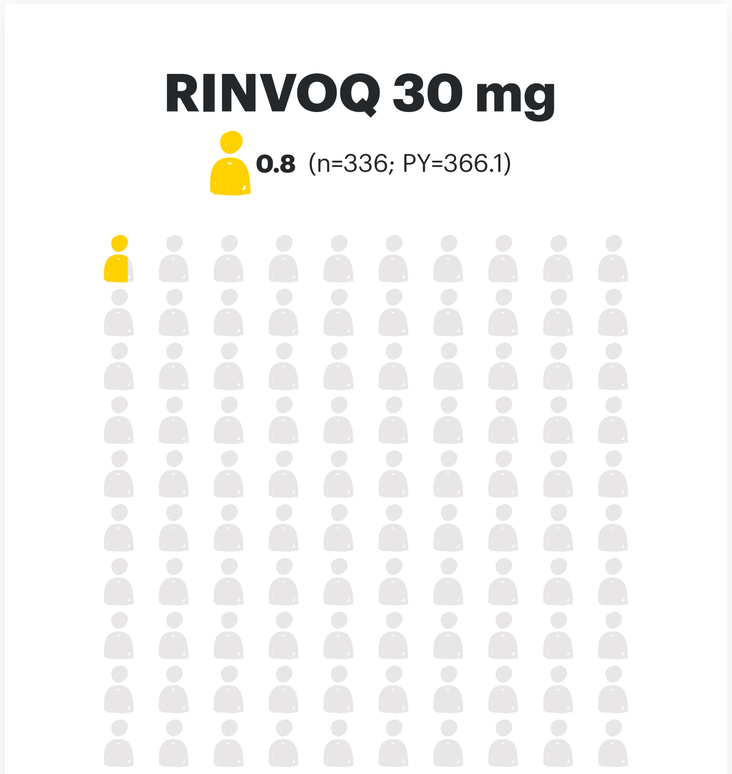
RINVOQ 30 mg

0.6 (n=229; PY=166.5)



0.6 gastrointestinal perforations occurred for every 100 patients taking RINVOQ 30 mg for 1 year.

MAINTENANCE RESCUE TREATMENT: GASTROINTESTINAL PERFORATION (ADJUDICATED)[1]



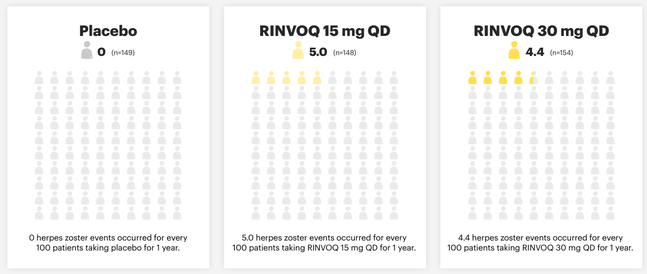
0.8 gastrointestinal perforations occurred for every 100 patients during rescue with open-label RINVOQ 30 mg.

SAFETY PROFILE IN UC

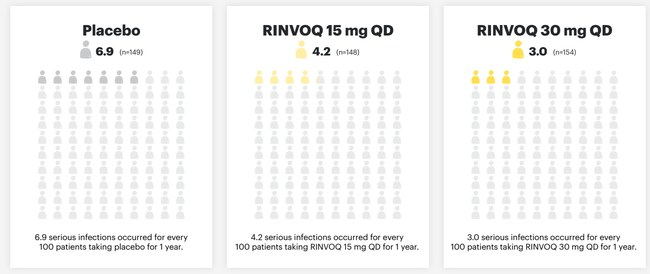
UC: U-ACHIEVE Maintenance[1,10]

AESIs per 100 PYs through 52 weeks with RINVOQ 15 mg QD and RINVOQ 30 mg QD*

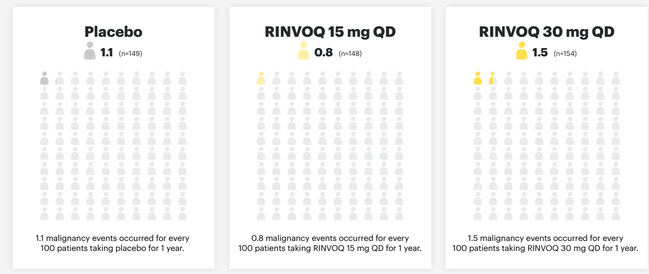
HERPES ZOSTER



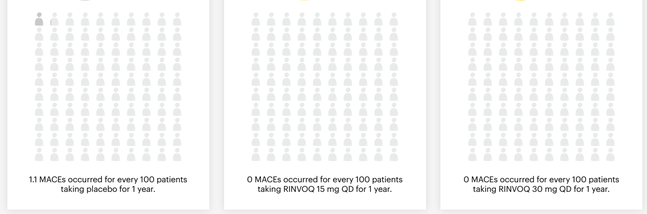
SERIOUS INFECTIONS



MALIGNANCY (EXCLUDING NMSC)



MACEs (ADJUDICATED)



VTE (ADJUDICATED)



RINVOQ should only be used if no suitable treatment alternatives are available in patients:[1]

- 65 years of age and older;
- With history of atherosclerotic cardiovascular disease or other cardiovascular risk factors (such as current or past longtime smokers);
- With malignancy risk factors (eg, current malignancy or history of malignancy)

*The safety analysis population (n=451) in the maintenance study included all patients who received at least 1 dose of treatment as part of the primary analysis population.[10]

RINVOQ® upadacitinib

HERPES ZOSTER[10]

Placebo

0 (n=149)

0 herpes zoster events occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg QD

5.0 (n=148)

5.0 herpes zoster events occurred for every 100 patients taking RINVOQ 15 mg QD for 1 year.

RINVOQ 30 mg QD

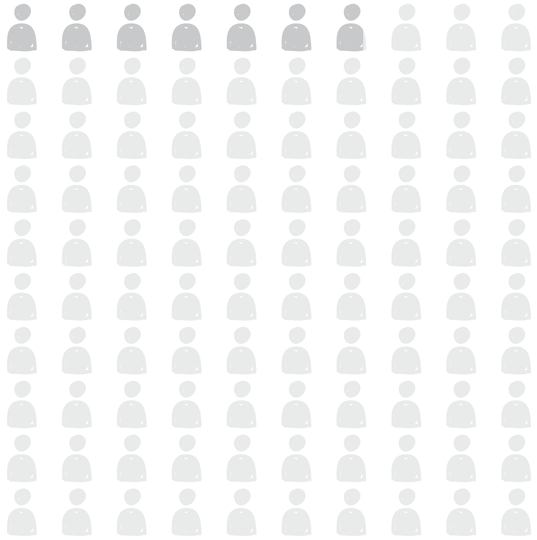
4.4 (n=154)

4.4 herpes zoster events occurred for every 100 patients taking RINVOQ 30 mg QD for 1 year.

SERIOUS INFECTIONS[10]

Placebo

6.9 (n=149)



6.9 serious infections occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg QD

4.2 (n=148)

4.2 serious infections occurred for every 100 patients taking RINVOQ 15 mg QD for 1 year.

RINVOQ 30 mg QD

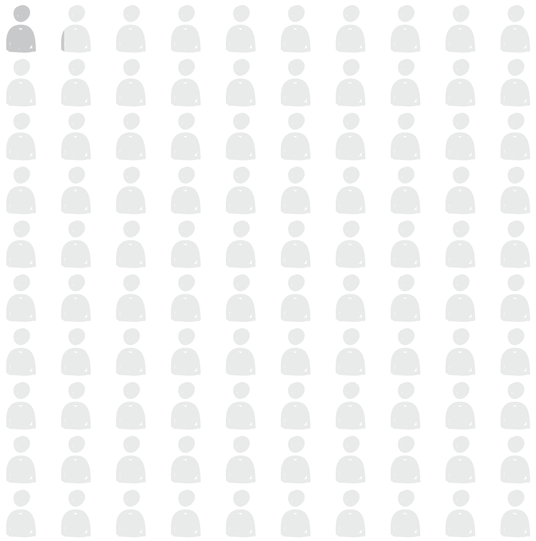
3.0 (n=154)

3.0 serious infections occurred for every 100 patients taking RINVOQ 30 mg QD for 1 year.

MALIGNANCY (EXCLUDING NMSC)[10]

Placebo

1.1 (n=149)



1.1 malignancy events occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg QD

0.8 (n=148)

0.8 malignancy events occurred for every 100 patients taking RINVOQ 15 mg QD for 1 year.

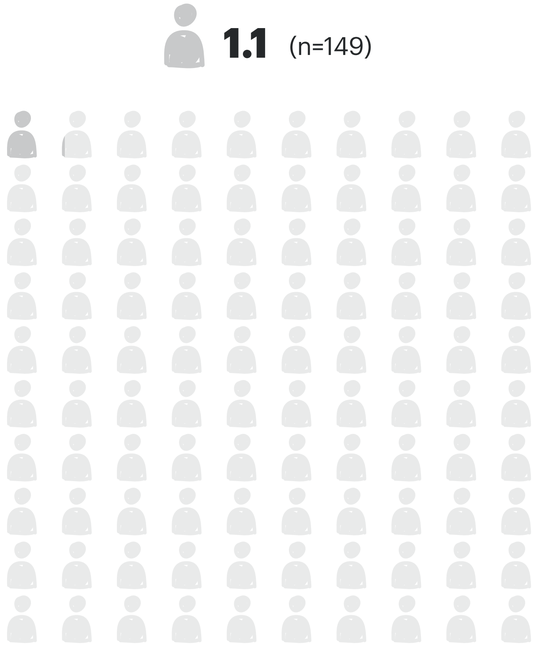
RINVOQ 30 mg QD

1.5 (n=154)

1.5 malignancy events occurred for every 100 patients taking RINVOQ 30 mg QD for 1 year.

MACEs (ADJUDICATED)[10]

Placebo



1.1 (n=149)

1.1 MACEs occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg QD

0 (n=148)

0 MACEs occurred for every 100 patients taking RINVOQ 15 mg QD for 1 year.

RINVOQ 30 mg QD

0 (n=154)

0 MACEs occurred for every 100 patients taking RINVOQ 30 mg QD for 1 year.

VTE (ADJUDICATED)[10]

Placebo

0 (n=149)

0 VTEs occurred for every 100 patients taking placebo for 1 year.

RINVOQ 15 mg QD

0 (n=148)

0 VTEs occurred for every 100 patients taking RINVOQ 15 mg QD for 1 year.

RINVOQ 30 mg QD

1.5 (n=154)

1.5 VTEs occurred for every 100 patients taking RINVOQ 30 mg QD for 1 year.

THE ONLY ONCE-DAILY ORAL ADVANCED THERAPY INDICATED FOR BOTH MODERATE AND SEVERE CD AND UC[1]

INDUCTION



45 mg

CD
12 weeks

UC
8 weeks

For patients who do not achieve adequate therapeutic benefit after standard induction



30 mg
for an additional
12 weeks



45 mg
for an additional
8 weeks

MAINTENANCE

The lowest effective dose to maintain response should be used
The recommended maintenance dose of RINVOQ is 15 mg or 30 mg QD based on individual patient presentation.



15 mg

- For patients 65 years of age and older, the recommended maintenance dose is 15 mg QD.
- A dose of 15 mg is recommended for patients at higher risk of VTE, MACE, and malignancy.



30 mg

- A dose of 30 mg QD may be appropriate for patients with high disease burden who are not at higher risk of VTE, MACE, and malignancy or who do not show adequate therapeutic benefit with 15 mg QD.

In patients who have responded to treatment with RINVOQ, corticosteroids may be reduced and/or discontinued in accordance with standard of care.

A SELECTIVE AND REVERSIBLE JAK INHIBITOR WITH YEARS OF EXPERIENCE[1]

THE EXPERIENCE OF RINVOQ

20
PHASE 3 TRIALS CONDUCTED OVER 7 YEARS[14]*

>13,000
PATIENTS EVALUATED IN THE CLINICIAL PROGRAM[1,2,3]†

WELL-CHARACTERIZED SAFETY WITH
>32,000
PYs EXPOSURE[15]

7
INDICATIONS ACROSS RHEUMATOLOGY, DERMATOLOGY, AND GASTROENTEROLOGY[1]

>207,000
PATIENTS ON TREATMENT WORLDWIDE AND COUNTING
(RA, PsA, AS, AD, UC, CD)[13]‡

RINVOQ's INDICATIONS[1]:

- Moderate to severe active rheumatoid arthritis (RA)
- Active psoriatic arthritis (PsA)
- Active non-radiographic axial spondyloarthritis (nr-axSpA)
- Active ankylosing spondylitis (AS)
- Moderate to severe atopic dermatitis (AD)
- Moderately to severely active ulcerative colitis (UC)
- Moderately to severely active Crohn's disease (CD)

*Beginning in RA. First patients dosed December 2015 in an RA Phase 3 clinical trial. †Total patient number was calculated from adding the number of patients randomized in 20 trials. 13,557 patients includes all patients across all arms (active treatment and placebo) in the following Phase 3 trials in RA: (SELECT-EARLY, SELECT-NEXT, SELECT-COMPARE, SELECT-MONOTHERAPY, SELECT-BEYOND, SELECT-CHOICE), PsA (SELECT-PsA 1, SELECT-PsA 2), AS (SELECT-AXIS 1, SELECT-AXIS 2), PsA (SELECT-AXIS 2), AD (MEASURE UP 1, MEASURE UP 2, AD UP, HEADS UP), UC (U-ACHIEVE [UC-1], U-ACCOMPLISH [UC-2]), and CD (U-EXCEED [CD-1] and U-EXCEL [CD-2]). 7,932 patients were randomized to receive RINVOQ at any dose. Patients randomized to RINVOQ include 344 adolescent patients with moderate to severe AD not adequately controlled by topical medication(s). ‡124,829 RA patients, 34,900 AS and PsA patients, 36,808 AD patients, 11,180 UC patients, and 13 CD patients taking RINVOQ globally. Global patient numbers include OUS+US through March 2023. Numbers are subject to change based on local market data adjustments.

RINVOQ® upadacitinib

THE ONLY ONCE-DAILY ORAL ADVANCED THERAPY FOR MODERATELY TO SEVERELY ACTIVE CD AND UC

and the only JAK inhibitor with both indications[1]

WHAT DOES RINVOQ OFFER?

MUCOSAL HEALING[1,10]

CD: Mucosal healing at Week 12 and Week 52

UC: Mucosal healing on and below the surface at Week 8 and Week 52

RAPID RESPONSE, DURABLE CLINICAL REMISSION[1,10]

Clinical response observed as early as Week 2 and maintenance of clinical remission at Week 52.

CD: Clinical response (CR-100); clinical remission (SF/APS)

UC: Clinical response (symptomatic per paMs); clinical remission (per aMs)

STEROID-FREE CLINICAL REMISSION[1,10]

RINVOQ has the first studies to date with a forced steroid taper* during induction. At Week 52, a significantly greater proportion of patients achieved steroid-free clinical remission with RINVOQ vs placebo.

CD: Steroid-free clinical remission achieved at both Week 12 and Week 52

UC: Steroid-free clinical remission at Week 52 among those who achieved clinical remission at Week 8

WELL-CHARACTERIZED SAFETY PROFILE[1–3,10,14,16–25]

In twenty Phase 3 clinical trials across 7 indications in rheumatology, dermatology, and gastroenterology[1]

EXTENSIVE CLINICAL EXPERIENCE[1,10]:

Six Phase 3 clinical studies evaluating RINVOQ vs placebo in patients with moderate to severe CD or UC, with or without previous biologic treatments. RINVOQ met all primary endpoints in CD studies and all primary and secondary endpoints in UC studies at every timepoint.

CD: RINVOQ achieved its co-primary endpoints of endoscopic response and clinical remission at Induction Week 12 and Maintenance Week 52

UC: RINVOQ achieved the primary endpoint of clinical remission (per aMs) at Induction Week 8 and Maintenance Week 52

Week 12 refers to Induction Week 12 in CD studies. **Week 8** refers to Induction Week 8 in UC studies. **Week 52** refers to Maintenance Week 52 for CD and UC studies.
*Steroid taper starting at Week 4.[1]

RINVOQ® upadacitinib

ENDPOINT DEFINITIONS[1,4,10]

CD DEFINITION	ENDPOINT	UC DEFINITION
Decrease in SES-CD >50% from baseline of the induction study (or for patients with an SES-CD of 4 at baseline of the induction study, at least a 2-point reduction from baseline of the induction study)	**Endoscopic response**	--
Average daily SF ≤2.8 and APS ≤1.0 and neither greater than baseline	**Clinical remission**	aMs ≤2, with SFS ≤1 and not greater than baseline, RBS=0, and ESS 0 or 1 without friability
Decrease of at least 100 points in CDAI from baseline (CR-100)	**Clinical response**	A decrease in paMs of ≥1 point and ≥30% from baseline, and a decrease in RBS ≥1 point or an absolute RBS ≤1; also known as symptomatic response
Achievement of clinical remission (average daily SF ≤2.8 and APS ≤1.0 and neither greater than baseline) at Week 52 in patients who achieved clinical remission at the entry of the maintenance study	**Maintenance of clinical remission**	Clinical remission per aMs at Week 52 in those who achieved clinical remission at the end of the induction studies
Induction: Discontinuation of steroid and achievement of clinical remission among patients on steroids at baseline Maintenance: Steroid-free for 90 days prior to Week 52 and achievement of clinical remission	**Steroid-free clinical remission**	Clinical remission per aMs at Week 52 and were steroid-free for ≥90 days prior to Week 52 in those who achieved clinical remission at the end of the induction studies
SES-CD ≤4 and at least a 2-point reduction versus baseline and no subscore >1 in any individual variable.	**Endoscopic remission**	ESS=0
SES-CD ulcerated surface subscore of 0 in patients with SES-CD ulcerated surface subscore ≥1 at baseline	**21 (14) Mucosal healing***	ESS 0 or 1 without friability
--	**Histo-endo mucosal healing†**	ESS 0 or 1 without friability and Geboes score ≤3.1
--	**Deep mucosal healing‡**	ESS=0 and Geboes score <2 (indicating no neutrophil in crypts or lamina propria and no increase in eosinophil, no crypt destruction, and no erosions, ulcerations or granulation tissue)

*Definition as per RINVOQ SmPC, the equivalent endpoint was referred to as 'endoscopic improvement' in the clinical study design.
†Definition as per RINVOQ SmPC, the equivalent endpoint was referred to as 'histologic-endoscopic mucosal improvement' in the clinical study design.
‡Definition as per RINVOQ SmPC, the equivalent endpoint was referred to as 'mucosal healing' in the clinical study design.

ABBREVIATIONS

AD: atopic dermatitis
AE: adverse event
AESI: adverse event of special interest
ALT: alanine transaminase
aMs: adapted Mayo score
APS: abdominal pain score
AS: ankylosing spondylitis
AST: aspartate transaminase
axSpA: axial spondyloarthritis
Bio-failure: biologic failure
Bio-naïve: biologic-naïve
CD: Crohn's disease
CDAI: Crohn's Disease Activity Index
CI: confidence interval
COVID-19: coronavirus disease 2019
CPK: creatine phosphokinase
CR-100: clinical response 100
CRP: C-reactive protein
CV: cardiovascular
DB: double-blind
DMARD: disease-modifying antirheumatic drug
DVT: deep venous thrombosis
EAER: exposure-adjusted event rate
EAIR: exposure-adjusted incidence rate
ESS: endoscopic subscore
EU: European Union
FC: fecal calprotectin
histo-endo: histologic-endoscopic
hs-CRP: high-sensitivity C-reactive protein
HZ: herpes zoster
IQR: interquartile range
IR: inadequate response
ITT: intent to trea
JAK: Janus kinase
LTE: long-term extension
MACE: major adverse cardiovascular event
MRI: magnetic resonance imaging
NMSC: non-melanoma skin cancer
nr-axSpA: non-radiographic axial spondyloarthritis
NRI-C: non-responder imputation incorporating multiple imputations to handle missing data due to coronavirus disease 2019
NSAID: non-steroidal anti-inflammatory drug
OL: open-labe
OUS: outside United States
paMs: partial adapted Mayo score
PE: pulmonary embolism
PsA: psoriatic arthritis
PY: patient-year
QD: once daily
RA: rheumatoid arthritis
RBS: rectal bleeding subscore
SD: standard deviation
SES-CD: Simple Endoscopic Score for Crohn's Disease
SF: stool frequency
SFS: stool frequency subscore
SmPC: Summary of Product Characteristics
TB: tuberculosis
TNF: tumor necrosis factor
UC: ulcerative colitis
UPA: upadacitinib
URTI: upper respiratory tract infection
VTE: venous thromboembolism

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RINVOQ
IMPORTANT SAFETY INFORMATION

NOTE TO AFFILIATES:

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EU Indications and Important Safety Information about RINVOQ® (upadacitinib)

Indications

Rheumatoid arthritis

RINVOQ is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). RINVOQ may be used as monotherapy or in combination with methotrexate.

Psoriatic arthritis

RINVOQ is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs. RINVOQ may be used as monotherapy or in combination with methotrexate.

Axial spondyloarthritis

Non-radiographic axial spondyloarthritis (nr-axSpA)

RINVOQ is indicated for the treatment of active non-radiographic axial spondyloarthritis in adult patients with objective signs of inflammation as indicated by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI), who have responded inadequately to nonsteroidal anti-inflammatory drugs (NSAIDs).

Ankylosing spondylitis (AS, radiographic axial spondyloarthritis)

RINVOQ is indicated for the treatment of active ankylosing spondylitis in adult patients who have responded inadequately to conventional therapy.

Atopic dermatitis

RINVOQ is indicated for the treatment of moderate to severe atopic dermatitis (AD) in adults and adolescents 12 years and older who are candidates for systemic therapy.

Ulcerative colitis

RINVOQ is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.

Crohn's disease

RINVOQ is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.

Important Safety Information

Contraindications

RINVOQ is contraindicated in patients hypersensitive to the active substance or to any of the excipients, in patients with active tuberculosis (TB) or active serious infections, in patients with severe hepatic impairment, and during pregnancy.

Special warnings and precautions for use

RINVOQ should only be used if no suitable treatment alternatives are available in patients:

- 65 years of age and older;
- patients with history of atherosclerotic cardiovascular (CV) disease or other CV risk factors (such as current or past long-time smokers);
- patients with malignancy risk factors (e.g. current malignancy or history of malignancy)

Use in patients 65 years of age and older

Considering the increased risk of MACE, malignancies, serious infections, and all-cause mortality in patients ≥65 years of age, as observed in a large randomised study of tofacitinib (another JAK inhibitor), RINVOQ should only be used in these patients if no suitable treatment alternatives are available. In patients ≥65 years of age, there is an increased risk of adverse reactions with RINVOQ 30 mg once daily. Consequently, the recommended dose for long-term use in this patient population is 15 mg once daily.

Immunosuppressive medicinal products

Use in combination with other potent immunosuppressants is not recommended.

Serious infections

Serious and sometimes fatal infections have been reported in patients receiving RINVOQ. The most frequent serious infections reported included pneumonia and cellulitis. Cases of bacterial meningitis and sepsis have been reported with RINVOQ. Among opportunistic infections, TB, multidermatomal herpes zoster, oral/esophageal candidiasis, and cryptococcosis have been reported. RINVOQ should not be initiated in patients with an active, serious infection, including localized infections. RINVOQ should be interrupted if a patient develops a serious or opportunistic infection until the infection is controlled. A higher rate of serious infections was observed with RINVOQ 30 mg compared to 15 mg. As there is a higher incidence of infections in the elderly and patients with diabetes in general, caution should be used when treating these populations. In patients ≥65 years of age, RINVOQ should only be used if no suitable treatment alternatives are available.

Tuberculosis

Patients should be screened for TB before starting RINVOQ. RINVOQ should not be given to patients with active TB. Anti-TB therapy may be appropriate for select patients in consultation with a physician with expertise in the treatment of TB. Patients should be monitored for the development of signs and symptoms of TB.

Viral reactivation

Viral reactivation, including cases of herpes zoster, was reported in clinical studies. The risk of herpes zoster appears to be higher in Japanese patients treated with RINVOQ. Consider interruption of RINVOQ if the patient develops herpes zoster until the episode resolves. Screening for viral hepatitis and monitoring for reactivation should occur before and during therapy. If hepatitis B virus DNA is detected, a liver specialist should be consulted.

Vaccination

The use of live, attenuated vaccines during or immediately prior to therapy is not recommended. It is recommended that patients be brought up to date with all immunizations, including prophylactic zoster vaccinations, prior to initiating RINVOQ, in agreement with current immunization guidelines.

Malignancy

Lymphoma and other malignancies have been reported in patients receiving JAK inhibitors, including RINVOQ. In a large randomised active-controlled study of tofacitinib (another JAK inhibitor) in RA patients ≥50 years of age with ≥1 additional CV risk factor, a higher rate of malignancies, particularly lung cancer, lymphoma, and non-melanoma skin cancer (NMSC), was observed with tofacitinib compared to tumour necrosis factor (TNF) inhibitors. A higher rate of malignancies, including NMSC, was observed with RINVOQ 30 mg compared to 15 mg. Periodic skin examination is recommended for all patients, particularly those with risk factors for skin cancer. In patients ≥65 years of age, patients who are current or past long-time smokers, or patients with other malignancy risk factors (e.g., current malignancy or history of malignancy), RINVOQ should only be used if no suitable treatment alternatives are available.

Hematological abnormalities

Treatment should not be initiated, or should be temporarily interrupted, in patients with hematological abnormalities observed during routine patient management.

Gastrointestinal Perforations

Events of diverticulitis and gastrointestinal perforations have been reported in clinical trials and from post marketing sources. RINVOQ should be used with caution in patients who may be at risk for gastrointestinal perforation (e.g., patients with diverticular disease, a history of diverticulitis, or who are taking nonsteroidal antiinflammatory drugs (NSAIDs), corticosteroids, or opioids. Patients with active Crohn's disease are at increased risk for developing intestinal perforation. Patients presenting with new onset abdominal signs and symptoms should be evaluated promptly for early identification of diverticulitis or gastrointestinal perforation.

Major adverse cardiovascular events

MACE were observed in clinical studies of RINVOQ. In a large randomised active-controlled study of tofacitinib (another JAK inhibitor) in RA patients ≥50 years of age with ≥1 additional CV risk factor, a higher rate of MACE, defined as CV death, non-fatal myocardial infarction and non-fatal stroke, was observed with tofacitinib compared to TNF inhibitors. Therefore, in patients ≥65 years of age, patients who are current or past long-time smokers, and patients with history of atherosclerotic CV disease or other CV risk factors, RINVOQ should only be used if no suitable treatment alternatives are available.

Lipids

RINVOQ treatment was associated with dose-dependent increases in lipid parameters, including total cholesterol, low-density lipoprotein cholesterol, and high-density lipoprotein cholesterol.

Hepatic transaminase elevations

Treatment with RINVOQ was associated with an increased incidence of liver enzyme elevation. If alanine transaminase (ALT) or aspartate transaminase (AST) increases are observed and drug-induced liver injury is suspected, RINVOQ should be interrupted until this diagnosis is excluded.

Venous thromboembolism

Events of deep venous thrombosis (DVT) and pulmonary embolism (PE) were observed in clinical trials for RINVOQ. In a large randomised active-controlled study of tofacitinib (another JAK inhibitor) in RA patients ≥50 years of age with ≥1 additional CV risk factor, a dose-dependent higher rate of VTE including DVT and PE was observed with tofacitinib compared to TNF inhibitors. In patients with CV or malignancy risk factors, RINVOQ should only be used if no suitable treatment alternatives are available. In patients with known VTE risk factors other than CV or malignancy risk factors (e.g. previous VTE, patients undergoing major surgery, immobilisation, use of combined hormonal contraceptives or hormone replacement therapy, and inherited coagulation disorder), RINVOQ should be used with caution. Patients should be re-evaluated periodically to assess for changes in VTE risk. Promptly evaluate patients with signs and symptoms of VTE and discontinue RINVOQ in patients with suspected VTE.

Hypersensitivity reactions

Serious hypersensitivity reactions such as anaphylaxis and angioedema have been reported in patients receiving RINVOQ. If a clinically significant hypersensitivity reaction occurs, discontinue RINVOQ and institute appropriate therapy.

RINVOQ
IMPORTANT SAFETY INFORMATION

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Hypoglycemia in patients treated for diabetes

There have been reports of hypoglycemia following initiation of JAK inhibitors, including RINVOQ, in patients receiving medication for diabetes. Dose adjustment of anti-diabetic medication may be necessary in the event that hypoglycemia occurs.

Adverse reactions

The most commonly reported adverse reactions in RA, PsA, and axSpA clinical trials (≥2% of patients in at least one of the indications) with RINVOQ 15 mg were upper respiratory tract infections, blood creatine phosphokinase (CPK) increased, ALT increased, bronchitis, nausea, neutropenia, cough, AST increased, and hypercholesterolemia. Overall, the safety profile observed in patients with psoriatic arthritis or active axial spondyloarthritis treated with RINVOQ 15 mg was consistent with the safety profile observed in patients with RA.

The most commonly reported adverse reactions in AD trials (≥2% of patients) with RINVOQ 15 mg or 30 mg were upper respiratory tract infection, acne, herpes simplex, headache, blood CPK increased, cough, folliculitis, abdominal pain, nausea, neutropenia, pyrexia, and influenza. Dose dependent increased risks of infection and herpes zoster were observed with RINVOQ. The safety profile for RINVOQ 15 mg in adolescents was similar to that in adults. The safety and efficacy of the 30 mg dose in adolescents are still being investigated.

The most commonly reported adverse reactions in the UC and CD trials (≥3% of patients) with RINVOQ 45 mg, 30 mg or 15 mg were upper respiratory tract infection, pyrexia, blood CPK increased, anemia, headache, acne, herpes zoster, neutropaenia, rash, pneumonia, hypercholesterolemia, bronchitis, aspartate transaminase increased, fatigue, folliculitis, alanine transaminase increased, herpes simplex, and influenza.

The overall safety profile observed in patients with UC was generally consistent with that observed in patients with RA.

Overall, the safety profile observed in patients with CD treated with RINVOQ was consistent with the known safety profile for RINVOQ.

The most common serious adverse reactions were serious infections.

The safety profile of upadacitinib with long-term treatment was generally similar to the safety profile during the placebo-controlled period across indications.

This is not a complete summary of all safety information.
See RINVOQ full Summary of Product Characteristics (SmPC) at www.ema.europa.eu
Globally, prescribing information varies; refer to the individual country product label for complete information.

ALL-RNQG-220008 December 2023

RINVOQ® upadacitinib

RINVOQ
FULL PRESCRIBING INFORMATION

NOTE TO AFFILIATES:

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Placeholder slide

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Patient Relations

RINVOQ® upadacitinib