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Del Rosso-Armstrong-Lebwohl-Brownstone

JAK 1–3 & TYK2 Inhibitors in Dermatology Quick Reference Sheet

Generic Name (Brand Name) and MOA	FDA-Approved Indications (Approved Age)	Derm Dosing	Suggested Monitoring*	Clinical Considerations*
SYSTEMIC				
Upadacitinib (Rinvoq®)† JAK-1 Inhibitor	**Derm:** Atopic Dermatitis (≥12 yrs) **Other:** Ulcerative Colitis, Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Non-radiographic Axial Spondyloarthritis, Crohn's Disease	15 mg PO QD starting dose Consider increasing to 30 mg PO QD if inadequate response (see Clinical Considerations)	**Initial:** TB, CBC w/diff., CMP, Lipids, Viral Hepatitis Screening, Pregnancy*, HIV*, Vaccinations* **Follow up:** CBC w/diff., CMP, Lipids at 4-12 weeks and repeat annually, TB annually	• Approved for adolescents ≥12 years and weighing at least 40 kg, and adults <65 years • Do not increase dose if patient >65 years old or with severe renal impairment • Do not use in severe hepatic impairment
Abrocitinib (Cibinqo™)† JAK-1 Inhibitor	**Derm:** Atopic Dermatitis (≥12 yrs) **Other:** None	100 mg PO QD starting dose Consider increase to 200 mg QD in non-responders after 12 weeks of use (see Clinical Considerations)	**Initial:** TB, CBC w/diff., CMP, Lipids, Viral Hepatitis Screening, Pregnancy*, HIV*, Vaccinations* **Follow up:** CBC w/diff., CMP, Lipids at 4-12 weeks and repeat annually, TB annually	• Moderate renal impairment: 50 mg PO QD or 100 mg PO QD for patients who are not responding to 50 mg • Do not use in ESRD or hepatic disease. • Do not use with antiplatelet therapies except for low-dose aspirin (≤81 mg daily) during the first 3 months of treatment
Baricitinib (Olumiant®)† JAK-1/2 Inhibitor	**Derm:** Severe Alopecia Areata (≥18 yrs) **Other:** Rheumatoid Arthritis, COVID-19 in hospitalized adults	2 mg QD, can increase to 4 mg QD if treatment not adequate See Clinical Considerations for dosing in patients with nearly complete to complete hair loss	**Initial:** TB, CBC w/diff., CMP, Lipids, Viral Hepatitis Screening, Pregnancy*, HIV*, Vaccinations* **Follow up:** CBC w/diff., CMP, Lipids at 4-12 weeks and repeat annually, TB annually	• Not recommended in patients with severe renal impairment • Reduce dose to 2 mg QD when adequate response is achieved • For patients with nearly complete or complete scalp hair loss, with or without substantial eyelash or eyebrow hair loss, consider treating with 4 mg QD
Ritlecitinib (Litfulo™)† JAK-3 and TEC Kinase Inhibitor	**Derm:** Severe Alopecia Areata (≥12 yrs) **Other:** None	50 mg PO QD	**Initial:** TB, CBC w/diff., CMP, Viral Hepatitis Screening, Pregnancy*, HIV*, Vaccinations* **Follow up:** CBC w/diff., CMP at 4-12 weeks and repeat annually, TB annually	• Efficacy and AE profiles similar between adolescent and adults • Do not use in patients with severe hepatic impairment
Tofacitinib (Xeljanz®)† JAK-1/3 Inhibitor	**Derm:** Psoriatic Arthritis (≥18 yrs) **Other:** Rheumatoid Arthritis, Ankylosing Spondylitis, Ulcerative Colitis, Polyarticular Course Juvenile Idiopathic Arthritis (pcJIA)	5 mg PO BID (PsA dose)	**Initial:** TB, CBC w/diff., CMP, Lipids, Viral Hepatitis Screening, Pregnancy*, HIV*, Vaccinations* **Follow up:** TB annually, CBC w/diff. at 4-8 weeks then q 3 months, LFTs at q 3-6 months, Lipids at 4-8 weeks and repeat annually	• Consider QD dosing in moderate/severe renal impairment or moderate hepatic impairment
Deucravacitinib (Sotyktu™) Tyrosine Kinase 2 (TYK2) Inhibitor	**Derm:** Psoriasis (≥18 yrs) **Other:** None	6 mg PO QD	**Initial:** LFTs and Viral Hepatitis Screening in patients with known or suspected liver disease, TB, Pregnancy*, HIV*, Vaccinations* **Follow up:** LFTs in patients with known or suspected liver disease at ~3 months	• No boxed warning • No dose adjustment is recommended in patients with mild, moderate, or severe renal impairment or in patients with ESRD on dialysis or in patients with mild/moderate hepatic impairment • Not recommended for use in patients w/severe hepatic impairment
TOPICAL				
Ruxolitinib (Opzelura™)† JAK-1/2 Inhibitor	**Derm:** Atopic Dermatitis (≥12 yrs), Vitiligo (≥12 yrs) **Other:** None	Apply 1.5% cream topically BID	No routine lab monitoring required	• For Atopic Dermatitis can treat up to 20% BSA, for Vitiligo up to 10% BSA (Per PI)

DISCLAIMER: The dosages and other information seen in this chart were primarily obtained from the respective FDA-approved package inserts. This chart is for reference only and not to be substituted for clinical judgment. The authors are not responsible for treatment decisions or outcomes based on the information in this chart. Please check for drug interactions.

*As evidence is not sufficient to fully assess the safety of JAK inhibitors in pregnancy and lactation, it is not recommended for use in women who are pregnant or nursing; vaccinations should be done before starting a JAK inhibitor; perform pre-treatment HIV testing in high-risk populations. Specifically check ALC, ANC, PLT and Hgb at initiation and subsequent monitoring as per individual PIs.

†Boxed Warning: serious infections, mortality, malignancy, major adverse cardiovascular events (MACE), and thrombosis. See full PI for additional information.

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