# ACR/ARP Medication Guide



#### ASSOCIATION of RHEUMATOLOGY PROFESSIONALS The Interprofessional Division of the American College of Rheumatology

Canakinumab (llaris®)

Canakinumab (Ilaris) is a recombinant, human IL-1 $\beta$  monoclonal antibody that belongs to the IgG1/k isotype. Canakinumab binds to human IL-1 $\beta$  and neutralizes its activity by blocking its interactions with IL-1 receptors, but does not bind IL-1 $\alpha$  or IL-1 receptor antagonist (IL-1ra). Canakinumab neutralization of IL-1 $\beta$  signaling results in suppression of inflammation in select autoimmune disorders.

## **Resources from Manufacturer**

Patient Medication Guide

Full Prescribing Information

Ilaris Co-Pay Assistance Program

Novartis Patient Assistance Foundation

# Indications and Dosing in Rheumatology

## Canakinumab is indicated for:

- Periodic Fever Syndromes in adults and children, including Cryopyrin-Associated Periodic Syndromes (CAPS), Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS), Hyperimmunoglobulin D Syndrome (HIDS) / Mevalonate Kinase Deficiency (MKD), and Familial Mediterranean Fever (FMF)
- Active Still's disease, including Adult-Onset Still's Disease (AOSD) and Systemic Juvenile Idiopathic Arthritis (SJIA) in patients 2 years and older

## Dosing:

Periodic Fever Syndromes

Indication	Weight < 40 kg	Weight ≥ 40 kg
CAPS	And > 15 kg: 2 mg/kg SC every 8 weeks [may increase to 3 mg/kg]	150 mg SC every 8 weeks
TRAPS HIDS/MKD FMF	2 mg/kg SC every 4 weeks [may increase to 4 mg/kg]	150 mg SC every 4 weeks (may increase to 300 mg)

Still's disease (AOSD and SJIA): 4 mg/kg (with a maximum of 300 mg) SC every 4 weeks for patients weighing ≥ 7.5 kg

## Contraindications

Known hypersensitivity to canakinumab or any of the excipients

## Warnings and Precautions

- Serious Infections–Canakinumab has been associated with an increased risk of serious infections. Use caution in patients with infections, history of recurring infections, or underlying conditions which may predispose them to infections. Do not administer during an active infection.
- Live vaccines-avoid use

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### AMERICAN COLLEGE of RHEUMATOLOGY Empowering Rheumatology Professionals

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#### **Adverse Reactions** Common for CAPS ( $\geq$ 10%): Common for TRAPS, HIDS/ Common for Still's disease MKD, and FMF (≥ 10%): **(≥ 10%)**: Nasopharyngitis Injection-site reactions Infections Diarrhea (nasopharyngitis and Nasopharyngitis Influenza upper respiratory tract Rhinitis infections Nausea Abdominal pain Headache Injection-site reactions Bronchitis Gastroenteritis Pharyngitis Increased weight Musculoskeletal pain Vertigo **Medication Strength and Preparations**

Single-dose vial (preservative free): 150 mg/mL

## **Medication Administration and Storage**

- Store in original carton to protect from light
- Store in refrigerator at 2°C to 8°C (36°F to 46°F)–do not freeze

## **Subcutaneous Administration**

- Inspect the solution to ensure free from particulates, clear to opalescent, and colorless to slightly brownishyellow tint. Do not use if solution has distinctly brown discoloration, highly opalescent, or contains visible particles
- Using a sterile 1 mL syringe and 18-gauge x 2" needle, withdraw the required volume depending upon the dose to be administered (concentration 150 mg/mL)
- Inject subcutaneously using a 27-Gauge x ½" needle into front of thigh, lower abdomen (avoid injecting within 2 inches of navel), or outer area of upper arm
- Do not administer into tender, bruised, red or hard skin
- Rotate injection sites ( $\geq 1$  inch apart)
- Discard unused product in accordance with local requirements

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