טקסט שחור - טקסט מעלון לצרכן של התכשיר שאושר ביוני 2012.

קו תחתי כחול – תוספת טקסט לעלון המאושר של התכשיר.

~~קו חוצה כחול~~ – מחיקת טקסט מהעלון המאושר של התכשיר.

טקסט מודגש בצהוב - טקסט המהווה החמרה.

# הודעה על החמרה ( מידע בטיחות)

**תאריך: 03.02.2013**

**שם תכשיר באנגלית : Ilaris 150 mg/ml powder for solution for injection**

**מספר רישום: [32964]**

**שם בעל הרישום: Novartis Pharma Services AG**

השינויים בעלון מסומנים על רקע צהוב

בעלון לרופא

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| **פרטים על השינוי/ים המבוקש/ים** |
| **פרק בעלון** | **טקסט נוכחי** | **טקסט חדש** |
| **Dosage and Administration** | …Paediatric patientsILARIS is not recommended for use in children below age 4 years or with body weight below 15 kg due to a lack of clinical data.…Method of administrationSubcutaneous injection.  | …Paediatric patients**CAPS**The safety and efficacy of ILARIS in CAPS patients under 2 years of age have not been established.**Gouty arthritis**There is no relevant use of ILARIS for gouty arthritis in the pediatric population.…Method of administrationSubcutaneous injection. **Gouty arthritis**Treatment should be initiated and supervised by physicians experienced in the diagnosis and treatment of gouty arthritis and in the use of biologics. ILARIS should be administered by a health care professional. |
| Warnings and Precautions | Infections… | Infections…**Treatment of gouty arthritis**ILARIS should not be administered during an active infection. |
| Adverse drug reactions | **Summary of the safety profile**…The most frequently reported adverse drug reactions were infections (e.g nasopharyngitis and upper respiratory tract infections). The majority of the events were mild to moderate. No impact on the type or frequency of adverse drug reactions was seen with longer-term treatmentVertigo has been reported in 6 to 13% of patients in CAPS studies, and reported as serious in a few cases. All events resolved despite continued treatment with ILARIS. | **Summary of the safety profile**…The most frequently reported adverse drug reactions were infections predominantly of the upper respiratory tract. The majority of the events were mild to moderate although serious infections were observed. No impact on the type or frequency of adverse drug reactions was seen with longer-term treatment…**Table 7-1 Tabulated summary of reported adverse drug reactions from pivotal CAPS clinical trials****…**

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| --- | --- |
|  | **Phase III trial** |
|  | **Part I** | **Part II** | **Part III** |
| **Nervous system disorders** |
| Dizziness/Vertigo | 3 (8.6%) | 0 | 0 | 3 (9.7%) |

In the long-term, open label studies with dose-escalation, events of infections (gastroenteritis, respiratory tract infection, and upper respiratory tract infection), vomiting and dizziness were more frequently reported in the 600 mg or 8 mg/kg dose group than in other dose groups. …Gouty arthritis More than 700 patients with gouty arthritis have been treated with ILARIS at doses from 10 mg to 300 mg in randomised, double-blind and active-controlled clinical trials of up to 24 weeks’ duration. More than 250 patients have been treated with the recommended dose of 150 mg in Phase II and III trials (see section 12 Clinical studies). Adverse reactions are listed according to MedDRA system organ class and frequency category. Frequency categories are defined using the following convention: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000); not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.**Please refer to Table 7-2 in Annex 1****Injection Site Reactions**Injection site reactions were reported in 1.2% of gouty arthritis patients treated with ILARIS in clinical studies.**Laboratory abnormalities (Gouty arthritis)*****Hematology***Decreased white blood cell counts (WBC) ≤0.8 x LLN were reported in 6.7% of patients treated with ILARIS compared to 1.4% treated with triamcinolone acetonide. Decreases in absolute neutrophils counts (ANC) to less than 1x109/L were reported in 2% of patients in the comparative trials. Isolated cases of ANC counts <0.5x109/L were also observed (see Warnings and precautions section).Mild (<LLN and > 75x109/L) and transient decreases in platelet counts were observed at a higher incidence (12.7%) with ILARIS in the active-controlled clinical studies versus the comparator (7.7%) in gouty arthritis patients.***Uric acid***Increases in uric acid level (0.7 mg/dL at 12 weeks and 0.5mg/dL at 24 weeks) were observed after ILARIS treatment in comparative trials in gouty arthritis. ILARIS did not impair the ability of urate lowering therapy (ULT) to lower uric acid. In another study, among patients who were initiating ULT, increases in uric acid were not observed. Uric acid increases were not observed in clinical trials in non-gout populations.***ALT/AST*** Small mean and median increases in alanine transaminase (ALT) or aspartate transaminase (AST) from baseline to end of study were seen in the ILARIS-treated groups versus the triamcinolone acetonide-treated group(s); however the incidence of clinically significant changes (≥3 x the upper limit of normal) was greater for patients treated with triamcinolone acetonide (2.5% for both AST and ALT) compared with ILARIS treated patients (1.6% for ALT and 0.8% for AST).***Triglycerides*** In active-controlled gouty arthritis trials, there was a mean increase in triglycerides of 33.5 mg/dL in ILARIS treated patients compared with a modest decrease of -3.1 mg/dL with triamcinolone acetonide. The incidence of patients with triglyceride elevations >5 x ULN was 2.4% with ILARIS and 0.7% with triamcinolone acetonide. The clinical significance of this observation is unknown.…Geriatric populationThere is no significant difference in safety profile observed in patients ≥65 years of age |
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בעלון לצרכן

**לתכשיר זה אין עלון לרופא**

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| **פרטים על השינוי/ים המבוקש/ים** |
| **פרק בעלון** | **טקסט נוכחי** | **טקסט חדש** |
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Annex 1

**Table ‏0-2 Tabulated summary of adverse drug reactions in gouty arthritis studies**

|  | canakinumab 150 mgN=253n (%) | Triamcinolone acetonideN=286n (%) | Frequency category |
| --- | --- | --- | --- |
| **Infections and infestations** |  |  |  |
| Infections (e.g. nasopharyngitis, sinusitis, (viral) upper respiratory tract infection, bronchitis, urinary tract infection, ear infection, cellulitis, gastroenteritis, influenza, pharyngitis, pneumonia) | 49 (19.4) | 37 (12.9) | Very common |
| **Gastrointestinal disorders** |  |  |  |
| Gastroesophageal reflux disease | 2 (0.8) | 0 | Uncommon |
| **Musculoskeletal disorders** |  |  |  |
| Back pain | 13 (5.1) | 2 (0.7) | Common |
| **General disorders and administration site conditions** |  |  |  |
| Fatigue/asthenia | 7 (2.8) | 2 (0.7) | Common |
| **Nervous system disorders** |  |  |  |
| Dizziness/vertigo | 6 (2.4) | 2 (0.7) | Common |
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