# ACR/ARP Medication Guide

AMERICAN COLLEGE of RHEUMATOLOGY Empowering Rheumatology Professionals

ASSOCIATION of RHEUMATOLOGY PROFESSIONALS

The Interprofessional Division of the American College of Rheumatology

## Canakinumab (Ilaris®)

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
- Gout Flares in adults whom NSAIDs and colchicine are contraindicated or not tolerated

#### Dosina:

■ 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
- Gout Flares: 150mg once, in patient who require re-treatment, may be administered a repeat dose in 12 weeks

**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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### **Adverse Reactions**

### CAPS (> 10%):

- Nasopharyngitis
- Diarrhea
- Influenza
- Rhinitis
- Nausea
- Headache
- Bronchitis
- Gastroenteritis
- Pharyngitis
- Increased weight
- Musculoskeletal pain
- Vertigo

# TRAPS, HIDS/MKD, and FMF (> 10%):

- Injection-site reactions
- Nasopharyngitis

### Still's disease (> 10%):

- Infections

   (nasopharyngitis and upper respiratory tract infections)
- Abdominal pain
- Injection-site reactions

#### Gout (> 2%):

- Nasopharyngitis
- Upper respiratory tract infections
- Urinary tract infections
- Hypertriglyceridemia
- Back pain

## **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 (≥ 1 inch apart)
- Discard unused product in accordance with local requirements

#### **Updated June 2024–ARP Practice Committee**

DISCLAIMER: The information contained in this biologic reference guide is offered solely for purposes of providing health care professionals with a quick and initial reference. Before prescribing or administering any drug contained in this biologic reference guide, health professionals should read the manufacturer's complete prescribing information in order to be informed of the various clinical considerations to be taken into account. The American College of Rheumatology is providing this information as a benefit and service in furtherance of its educational mission. By providing this information, ACR is not endorsing or recommending any of the listed companies or any of their drugs or other products. The information contained in the biologic reference guides reflect the conclusions of the individual companies and not those of the ACR which specifically disclaims any responsibility or liability for the use of such information and/or for the performance of any of the drugs listed in this biologic reference guide.