Canakinumab (Ilaris®)

Canakinumab (Ilaris) is a recombinant, human IL-1β monoclonal antibody that belongs to the IgG1/K isotype. Canakinumab binds to human IL-1ββand neutralizes its activity by blocking its interactions with IL-1 receptors, but does not bind IL-1αβor IL-1 receptor antagonist (IL-1ra). Canakinumab neutralization of IL-1ββsignaling 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

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
- 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

ACR/ARP Medication Guide

American College of Rheumatology
Empowering Rheumatology Professionals

Association of Rheumatology Professionals
The Interprofessional Division of the American College of Rheumatology

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 brownish-yellow 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