



25 July 2013  
EMA/CHMP/433406/2013  
Committee for Medicinal Products for Human Use (CHMP)

## Summary of opinion<sup>1</sup> (post authorisation)

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# Ilaris

## canakinumab

On 25 July 2013, the Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion recommending a variation to the terms of the marketing authorisation for the medicinal product Ilaris. The marketing authorisation holder for this medicinal product is Novartis Europharm Ltd. They may request a re examination of the CHMP opinion, provided that they notify the European Medicines Agency in writing of their intention within 15 days of receipt of the opinion.

The CHMP adopted a new indication as follows:

### Systemic Juvenile Idiopathic Arthritis (SJIA)

Ilaris is indicated for the treatment of active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged 2 years and older who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids. Ilaris can be given as monotherapy or in combination with methotrexate.

Detailed conditions for the use of this product will be described in the updated summary of product characteristics (SmPC), which will be published in the revised European public assessment report (EPAR), and will be available in all official European Union languages after the variation to the marketing authorisation has been granted by the European Commission.

For information, the full indications for Ilaris will be as follows<sup>2</sup>:

### Cryopyrin-Associated Periodic Syndromes

Ilaris is indicated for the treatment of Cryopyrin-Associated Periodic Syndromes (CAPS) in adults, adolescents and children aged 2 years and older with body weight of 7.5 kg or above, including:

- Muckle-Wells Syndrome (MWS),
- Neonatal-Onset Multisystem Inflammatory Disease (NOMID) / Chronic Infantile Neurological, Cutaneous, Articular Syndrome (CINCA),

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<sup>1</sup> Summaries of positive opinion are published without prejudice to the Commission decision, which will normally be issued within 44 days (Type II variations) and 67 days (Annex II applications) from adoption of the opinion.

<sup>2</sup> The text in bold represents the new or the amended indication.



- Severe forms of Familial Cold Autoinflammatory Syndrome (FCAS) / Familial Cold Urticaria (FCU) presenting with signs and symptoms beyond cold-induced urticarial skin rash.

### **Systemic Juvenile Idiopathic Arthritis (SJIA)**

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### **Gouty arthritis**

Ilaris is indicated for the symptomatic treatment of adult patients with frequent gouty arthritis attacks (at least 3 attacks in the previous 12 months) in whom non-steroidal anti-inflammatory drugs (NSAIDs) and colchicine are contraindicated, are not tolerated, or do not provide an adequate response, and in whom repeated courses of corticosteroids are not appropriate (see section 5.1).