

Package leaflet: Information for the user

STEQEYMA 130 mg concentrate for solution for infusion ustekinumab

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

This leaflet has been written for the person taking the medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Steqeyma is and what it is used for
2. What you need to know before you use Steqeyma
3. How Steqeyma will be given
4. Possible side effects
5. How to store Steqeyma
6. Contents of the pack and other information

1. What Steqeyma is and what it is used for

What Steqeyma is

Steqeyma contains the active substance 'ustekinumab', a monoclonal antibody. Monoclonal antibodies are proteins that recognise and bind specifically to certain proteins in the body.

Steqeyma belongs to a group of medicines called 'immunosuppressants'. These medicines work by weakening part of the immune system.

What Steqeyma is used for

Steqeyma is used to treat the following inflammatory diseases:

- Moderate to severe Crohn's disease - in adults

Crohn's disease

Crohn's disease is an inflammatory disease of the bowel. If you have Crohn's disease you will first be given other medicines. If you do not respond well enough or are intolerant to these medicines, you may be given Steqeyma to reduce the signs and symptoms of your disease.

2. What you need to know before you use Steqeyma

Do not use Steqeyma

- **If you are allergic to ustekinumab** or any of the other ingredients of this medicine (listed in section 6).
- **If you have an active infection** which your doctor thinks is important.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Steqeyma.

Warnings and precautions

Talk to your doctor or pharmacist before using Steqeyma. Your doctor will check how well you are before each treatment. Make sure you tell your doctor about any illness you have before each treatment. Also tell your doctor if you have recently been near anyone who might have tuberculosis. Your doctor will examine you and do a test for tuberculosis, before you have Steqeyma. If your doctor thinks you are at risk of tuberculosis, you may be given medicines to treat it.

Look out for serious side effects

Steqeyma can cause serious side effects, including allergic reactions and infections. You must look out for certain signs of illness while you are taking Steqeyma. See ‘Serious side effects’ in section 4 for a full list of these side effects.

Before you use Steqeyma tell your doctor:

- **If you ever had an allergic reaction to ustekinumab.** Ask your doctor if you are not sure.
- **If you have ever had any type of cancer** – this is because immunosuppressants like Steqeyma weaken part of the immune system. This may increase the risk of cancer.
- **If you have been treated for psoriasis with other biologic medicines (a medicine produced from a biological source and usually given by injection)** – the risk of cancer may be higher.
- **If you have or have had a recent infection or if you have any abnormal skin openings (fistulae).**
- **If you have any new or changing lesions** within psoriasis areas or on normal skin.
- **If you are having any other treatment for psoriasis and/or psoriatic arthritis** – such as another immunosuppressant or phototherapy (when your body is treated with a type of ultraviolet (UV) light). These treatments may also weaken part of the immune system. Using these therapies together with ustekinumab has not been studied. However it is possible it may increase the chance of diseases related to a weaker immune system.
- **If you are having or have ever had injections to treat allergies** – it is not known if ustekinumab may affect these.
- **If you are 65 years of age or over** – you may be more likely to get infections.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Steqeyma.

Some patients have experienced lupus-like reactions including skin lupus or lupus-like syndrome during treatment with ustekinumab. Talk to your doctor right away if you experience a red, raised, scaly rash sometimes with a darker border, in areas of the skin that are exposed to the sun or with joint pains.

Heart attack and strokes

Heart attack and strokes have been observed in a study in patients with psoriasis treated with ustekinumab. Your doctor will regularly check your risk factors for heart disease and stroke in order to ensure that they are appropriately treated. Seek medical attention right away if you develop chest pain, weakness or abnormal sensation on one side of your body, facial droop, or speech or visual abnormalities.

Children and adolescents

Steqeyma is not recommended for use in children under 18 years of age with Crohn’s disease because it has not been studied in this age group.

Other medicines, vaccines and Steqeyma

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines.
- If you have recently had or are going to have a vaccination. Some types of vaccines (live vaccines) should not be given while using Steqeyma.
- If you received Steqeyma while pregnant, tell your baby’s doctor about your Steqeyma treatment before the baby receives any vaccine, including live vaccines, such as the BCG

vaccine (used to prevent tuberculosis). Live vaccines are not recommended for your baby in the first six months after birth if you received Steqeyma during the pregnancy unless your baby's doctor recommends otherwise.

Pregnancy and breast-feeding

- It is preferable to avoid the use of Steqeyma in pregnancy. The effects of ustekinumab in pregnant women are not known. If you are a woman of childbearing potential, you are advised to avoid becoming pregnant and must use adequate contraception while using Steqeyma and for at least 15 weeks after the last Steqeyma treatment.
- Talk to your doctor if you are pregnant, think you may be pregnant or are planning to have a baby.
- Ustekinumab can pass across the placenta to the unborn baby. If you received Steqeyma during your pregnancy, your baby may have a higher risk for getting an infection.
- It is important that you tell your baby's doctors and other health care professionals if you received Steqeyma during your pregnancy before the baby receives any vaccine. Live vaccines such as the BCG vaccine (used to prevent tuberculosis) are not recommended for your baby in the first six months after birth if you received Steqeyma during the pregnancy unless your baby's doctor recommends otherwise.
- Ustekinumab may pass into breast milk in very small amounts. Talk to your doctor if you are breast-feeding or are planning to breast-feed. You and your doctor should decide if you should breast-feed or use Steqeyma - do not do both.

Driving and using machines

Steqeyma has no or negligible influence on the ability to drive and use machines.

Steqeyma contains sodium

Steqeyma contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'. However, before Steqeyma is given to you, it is mixed with a solution that contains sodium. Talk to your doctor if you are on a low salt diet.

3. How Steqeyma will be given

Steqeyma is intended for use under the guidance and supervision of a doctor experienced in the diagnosis and treatment of Crohn's disease.

Steqeyma 130 mg concentrate for solution for infusion will be given to you by your doctor, through a drip in the vein of your arm (intravenous infusion) over at least one hour. Talk to your doctor about when you will have your injections and follow-up appointments.

How much Steqeyma is given

Your doctor will decide how much Steqeyma you need to receive and for how long.

Adults aged 18 years or older

- The doctor will work out the recommended intravenous infusion dose for you based on your body weight.

Your body weight	Dose
≤ 55 kg	260 mg
> 55 kg to ≤ 85 kg	390 mg
> 85 kg	520 mg

- After the starting intravenous dose, you will have the next dose of 90 mg Steqeyma by an injection under your skin (subcutaneous injection) 8 weeks later, and then every 12 weeks thereafter.

How Steqeyma is given

- The first dose of Steqeyma for treatment of Crohn's disease is given by a doctor as a drip in the vein of an arm (intravenous infusion).

Talk to your doctor if you have any questions about receiving Steqeyma.

If you forget to use Steqeyma

If you forget or miss the appointment for receiving the dose, contact your doctor to reschedule your appointment.

If you stop using Steqeyma

It is not dangerous to stop using Steqeyma. However, if you stop, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Some patients may have serious side effects that may need urgent treatment.

Allergic reactions – these may need urgent treatment. Tell your doctor or get emergency medical help straight away if you notice any of the following signs.

- Serious allergic reactions ('anaphylaxis') are rare in people taking ustekinumab (may affect up to 1 in 1 000 people). Signs include:
 - difficulty breathing or swallowing
 - low blood pressure, which can cause dizziness or light-headedness
 - swelling of the face, lips, mouth or throat.
- Common signs of an allergic reaction include skin rash and hives (these may affect up to 1 in 100 people).

Infusion-related reactions – If you are being treated for Crohn's disease, the first dose of Steqeyma is given through a drip into a vein (intravenous infusion). Some patients have experienced serious allergic reactions during the infusion.

In rare cases, allergic lung reactions and lung inflammation have been reported in patients who receive ustekinumab. Tell your doctor right away if you develop symptoms such as cough, shortness of breath, and fever.

If you have a serious allergic reaction, your doctor may decide that you should not use Steqeyma again.

Infections – these may need urgent treatment. Tell your doctor straight away if you notice any of the following signs.

- Infections of the nose or throat and common cold are common (may affect up to 1 in 10 people)
- Infections of the chest are uncommon (may affect up to 1 in 100 people)
- Inflammation of tissue under the skin ('cellulitis') is uncommon (may affect up to 1 in 100 people)
- Shingles (a type of painful rash with blisters) are uncommon (may affect up to 1 in 100 people)

Steqeyma may make you less able to fight infections. Some infections could become serious and may include infections caused by viruses, fungi, bacteria (including tuberculosis), or parasites, including infections that mainly occur in people with a weakened immune system (opportunistic infections). Opportunistic infections of the brain (encephalitis, meningitis), lungs, and eye have been reported in patients receiving treatment with ustekinumab.

You must look out for signs of infection while you are using Steqeyma. These include:

- fever, flu-like symptoms, night sweats, weight loss
- feeling tired or short of breath; cough which will not go away
- warm, red and painful skin, or a painful skin rash with blisters
- burning when passing water
- diarrhoea
- visual disturbance or vision loss
- headache, neck stiffness, light sensitivity, nausea or confusion.

Tell your doctor straight away if you notice any of these signs of infection. These may be signs of infections such as chest infections, skin infections, shingles or opportunistic infections that could have serious complications. Tell your doctor if you have any kind of infection that will not go away or keeps coming back. Your doctor may decide that you should not use Steqeyma until the infection goes away. Also tell your doctor if you have any open cuts or sores as they might get infected.

Shedding of skin – increase in redness and shedding of skin over a larger area of the body may be symptoms of erythrodermic psoriasis or exfoliative dermatitis, which are serious skin conditions. You should tell your doctor straight away if you notice any of these signs.

Other side effects

Common side effects (may affect up to 1 in 10 people):

- Diarrhoea
- Nausea
- Vomiting
- Feeling tired
- Feeling dizzy
- Headache
- Itching ('pruritus')
- Back, muscle or joint pain
- Sore throat
- Redness and pain where the injection is given
- Sinus infection

Uncommon side effects (may affect up to 1 in 100 people):

- Tooth infections
- Vaginal yeast infection
- Depression
- Blocked or stuffy nose
- Bleeding, bruising, hardness, swelling and itching where the injection is given
- Feeling weak
- Drooping eyelid and sagging muscles on one side of the face ('facial palsy' or 'Bell's palsy'), which is usually temporary
- A change in psoriasis with redness and new tiny, yellow or white skin blisters, sometimes accompanied by fever (pustular psoriasis)
- Peeling of the skin (skin exfoliation)
- Acne

Rare side effects (may affect up to 1 in 1 000 people)

- Redness and shedding of skin over a larger area of the body, which may be itchy or painful (exfoliative dermatitis). Similar symptoms sometimes develop as a natural change in the type of psoriasis symptoms (erythrodermic psoriasis)
- Inflammation of small blood vessels, which can lead to a skin rash with small red or purple bumps, fever or joint pain (vasculitis)

Very rare side effects (may affect up to 1 in 10 000 people)

- Blistering of the skin that may be red, itchy, and painful (Bullous pemphigoid).
- Skin lupus or lupus-like syndrome (red, raised scaly rash on areas of the skin exposed to the sun possibly with joint pains).

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Steqeyma

- Steqeyma 130 mg concentrate for solution for infusion is given in a hospital or clinic and patients should not need to store or handle it.
- Keep this medicine out of the sight and reach of children.
- Store in a refrigerator (2 °C–8 °C). Do not freeze.
- Keep the vial in the outer carton in order to protect from light.
- If needed, individual Steqeyma vials may also be stored at room temperature up to 30 °C for a maximum single period of up to 31 days in the original carton in order to protect from light. Record the date when the vial is first removed from the refrigerator and the discard date in the space provided on the outer carton. The discard date must not exceed the original expiry date printed on the carton. Once a vial has been stored at room temperature (up to 30 °C), it should not be returned to the refrigerator. Discard the vial if not used within 31 days at room temperature storage or by the original expiry date, whichever is earlier.
- Do not shake the Steqeyma vials. Prolonged vigorous shaking may damage the medicine.

Do not use this medicine:

- After the expiry date which is stated on the label and the carton after 'EXP'. The expiry date refers to the last day of that month.
- If the liquid is discoloured, cloudy or you can see other foreign particles floating in it (see section 6 'What Steqeyma looks like and contents of the pack').
- If you know, or think that it may have been exposed to extreme temperatures (such as accidentally frozen or heated).
- If the product has been shaken vigorously.
- If the seal is broken.

Steqeyma is for single use only. Any diluted infusion solution or unused product remaining in the vial and the syringe should be thrown away in accordance with local requirements.

6. Contents of the pack and other information

What Steqeyma contains

- The active substance is ustekinumab. Each vial contains 130 mg ustekinumab in 26 mL.
- The other ingredients are EDTA disodium salt dihydrate, L-histidine, L-histidine monohydrochloride monohydrate, L-methionine, polysorbate 80, sucrose and water for injections.

What Steqeyma looks like and contents of the pack

Steqeyma is a clear to slightly opalescent, colourless to pale yellow concentrate for solution for infusion. It is supplied as a carton pack containing 1 single-dose, glass 30 mL vial. Each vial contains 130 mg ustekinumab in 26 mL of concentrate for solution for infusion.

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The following information is intended for healthcare professionals only:

Traceability:

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

Instructions for dilution:

Steqeyma concentrate for solution for infusion must be diluted, prepared and infused by a healthcare professional using aseptic technique.

1. Calculate the dose and the number of Steqeyma vials needed based on patient weight (see section 3, Table 1). Each 26 mL vial of Steqeyma contains 130 mg of ustekinumab.
2. Withdraw and then discard a volume of the sodium chloride 9 mg/mL (0.9%) solution from the 250 mL infusion bag equal to the volume of Steqeyma to be added (discard 26 mL sodium chloride for each vial of Steqeyma needed, for 2 vials- discard 52 mL, for 3 vials- discard 78 mL, for 4 vials- discard 104 mL).
3. Withdraw 26 mL of Steqeyma from each vial needed and add it to the 250 mL infusion bag. The final volume in the infusion bag should be 250 mL. Gently mix.
4. Visually inspect the diluted solution before infusion. Do not use if visibly opaque particles, discolouration or foreign particles are observed.
5. Infuse the diluted solution over a period of at least one hour. Once diluted, the infusion should be completed within forty-eight hours of the dilution in the infusion bag.
6. Use only an infusion set with an in-line, sterile, non-pyrogenic, low protein-binding filter (pore size 0.2 micrometer).
7. Each vial is for single use only and any unused medicinal product should be disposed of in accordance with local requirements.

Storage

If necessary, the diluted infusion solution may be stored at room temperature up to 30 °C. The infusion should be completed within 48 hours of the dilution in the infusion bag. Do not freeze.