

For the treatment of Periodic Fever Syndromes including:
Cryopyrin-Associated Periodic Syndromes (CAPS)
TNF receptor Associated Periodic Syndrome (TRAPS)
Hyperimmunoglobulin D Syndrome (HIDS)/ Mevalonate
Kinase Deficiency (MKD)
Familial Mediterranean Fever (FMF)

ILARIS®
(canakinumab)
150 mg subcutaneous injection

IMPORTANT INFORMATION

REPORTING OF SIDE EFFECTS: If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <http://www.mhra.gov.uk/yellowcard>
By reporting side effects you can help provide more information on the safety of this medicine.

Before starting canakinumab

- Infections: You should not be treated with canakinumab if you have an active infection requiring medical intervention.
- Vaccinations: Talk to your doctor about any vaccinations you may need before starting treatment with canakinumab.

During canakinumab treatment

- Risk of infections: Use of canakinumab is associated with an increased risk of infections, including serious infections.
- If you develop an infection, your canakinumab treatment might need to be interrupted. Tell your doctor immediately if you have a fever lasting longer than 3 days or other symptoms that might be due to an infection.
- Seek medical attention immediately if you develop symptoms such as:
 - prolonged fever, cough or headache, or
 - localised redness, warmth or swelling of your skin, or
 - persistent cough, weight loss and low-grade fever.
- Pregnancy: If you received canakinumab while you were pregnant, it is important that you inform the baby's doctor or nurse before any vaccinations are given to your baby. Your baby should not receive live vaccines until at least 16 weeks after you received your last dose of canakinumab before giving birth.

Treatment Indication:

Please make sure to have a LIST OF ALL MEDICATIONS you are taking when visiting a healthcare professional.

Patient's name:

For children: parent's/guardian's name:

Date of first dose of canakinumab:

Canakinumab dose administered:

Doctor's name:

Doctor's phone:
