Stelara® (ustekinumab) leaflet for healthcare professionals

Please read this booklet carefully in addition to the Summary of Product Characteristics (SmPC).

Please inform your patients about the specific risks of Stelara® and hand out the educational materials specifically for patients **before starting treatment**.

Brochures both for healthcare professionals and patients can be ordered at:

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With the support of Janssen Pharmaceutical Companies of Johnson & Johnson in EMEA

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Please read this booklet carefully as it contains important information about Stelara®

Contents

Background and rationale for additional risk minimisation measures

Additional risk minimisation measures for specially defined product risks are considered appropriate to increase the safe and effective use of Stelara® for adult patients diagnosed with plaque psoriasis, psoriatic arthritis, Crohn's disease and paediatric patients with plaque psoriasis (>12–18 years old).

To meet these objectives, Janssen has developed safety relevant information to be addressed with all relevant health care providers. This content was agreed with the European Medicines Agency (EMA) that granted the marketing authorisation for Stelara®.

The focus of these additional risk minimisation measures are specified product risks of concern and are related to serious systemic hypersensitivity reactions, serious infections, malignancies and the need for tuberculosis screening.

Approved indications for Stelara®

Psoriasis indication

Stelara® is indicated for the treatment of moderate-to-severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant to, other systemic therapies including ciclosporin, methotrexate (MTX) or PUVA (psoralen combined with ultraviolet A).[1]

Stelara® is also indicated for the treatment of moderate-to-severe plaque psoriasis in adolescent patients from the age of 12 years and older, who are inadequately controlled by, or are intolerant to, other systemic therapies or phototherapies.[1]

Psoriatic arthritis indication

Stelara®, alone or in combination with MTX, is indicated for the treatment of active psoriatic arthritis in adult patients when the response to previous non-biological disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate.

Crohn's disease

Stelara® is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNFα antagonist or have medical contraindications to such therapies.

Information on important identified or potential risks associated with Stelara® treatment

Hypersensitivity reactions (including latex allergy for the prefilled syringe presentation)

Treatment with therapeutic monoclonal antibodies like Stelara® may be associated with the development of antibodies against the therapeutic agent. Patients who have developed such antibodies may be more likely to experience hypersensitivity reactions. The timing of these reactions, as well as the symptoms associated with them, can differ between patients. Some of these reactions can occur within minutes to hours after antigen exposure (defined generally as anaphylactic/anaphylactoid reactions) while others can be delayed, occurring days after exposure (defined as serum sickness-type reactions). Both of these types of reactions are reported to occur after treatment with therapeutic antibodies, however their occurrence is infrequent.

Serious systemic hypersensitivity reactions have been recognised as an important identified risk for ustekinumab and will be monitored in clinical trials and in the post-marketing setting. Serious systemic hypersensitivity reactions noted in the clinical trial program were not related to ustekinumab. No serious systemic hypersensitivity reactions were reported during the paediatric psoriasis trial. However, serious systemic hypersensitivity reactions related to ustekinumab have been reported in the post-marketing setting. No fatalities have been reported.

- Latex sensitivity: The needle cover of the pre-filled syringe is manufactured from dry natural rubber (a derivative of latex), which may cause allergic reactions in individuals sensitive to latex[1]
- Preventability: The predictability and preventability of serious systemic hypersensitivity reactions with administration of ustekinumab is not known
- Impact on the individual patient sensitivity testing is currently not available. A serious systemic hypersensitivy reaction such as anaphylaxis can be serious or fatal, and require emergency medical treatment or hospitalisation

If an anaphylactic or other serious hypersensitivity reaction occurs, appropriate therapy should be instituted and administration of Stelara®– should be discontinued.[1]

Serious infections

The risk of developing serious infections, including mycobacterial and salmonella infections, in subjects on anti-IL-12/23p40 therapy such as ustekinumab, a selective immunosuppressive agent, is currently unknown.

Ustekinumab may have the potential to increase the risk of infections and reactivate latent infections. In clinical studies, serious bacterial, fungal, and viral infections have been observed in patients receiving ustekinumab. Also, lower respiratory tract infection may occur in patients treated with ustekinumab as an uncommon adverse event (≥ 1/1000 and < 1/100).

Caution should be exercised when considering the use of ustekinumab in patients with a chronic infection or a history of recurrent infection.

Patients should be instructed to seek medical advice if signs or symptoms suggestive of an infection occur. These might include, for example, fever, flu-like symptoms, night sweats, feeling tired or short of breath or a painful skin rash with blisters. If a patient develops a serious infection, the patient should be closely monitored and ustekinumab should not be administered until the infection resolves.

Malignancies

Immunosuppressants like ustekinumab have the potential to increase the risk of malignancy. The development of malignancy is considered an important potential risk with ustekinumab based upon the theoretical risk identified from nonclinical data. A signal from the clinical trials has not been detected to date. In clinical studies, malignancies have been observed in patients treated with Stelara®. In patients treated with Stelara® in clinical trials, the incidence of malignancies excluding non-melanoma skin cancers was comparable to the incidence expected in the general population. The most frequently observed malignancies, other than non-melanoma skin cancer, were prostate, melanoma, colorectal and breast cancers.

No studies have been conducted that include patients with a history of malignancy or that continue treatment in patients who develop malignancy while receiving Stelara®. Thus, caution should be exercised when considering the use of Stelara® in these patients.

All patients, in particular those older than 60 years of age, patients with a medical history of prolonged immunosuppressant therapy or those with a history of PUVA treatment, should be monitored for the appearance of non-melanoma skin cancer.

In light of the theoretical risk and the longer latency period for the development of malignancy, the topic warrants continued surveillance.

Before starting treatment with Stelara®

Guidelines for the use of biologics in the treatment of psoriasis and Crohn's disease suggest that patients should first undergo a full clinical history and physical examination. Investigations should include screening for tuberculosis (TB) (see below), salmonella, non-tuberculous mycobacteria and malignancies.[2,3]

Tuberculosis

Stelara® may have the potential to increase the risk of infections and reactivate latent TB. Prior to initiating treatment with Stelara®, patients should be evaluated for TB infection.[1]

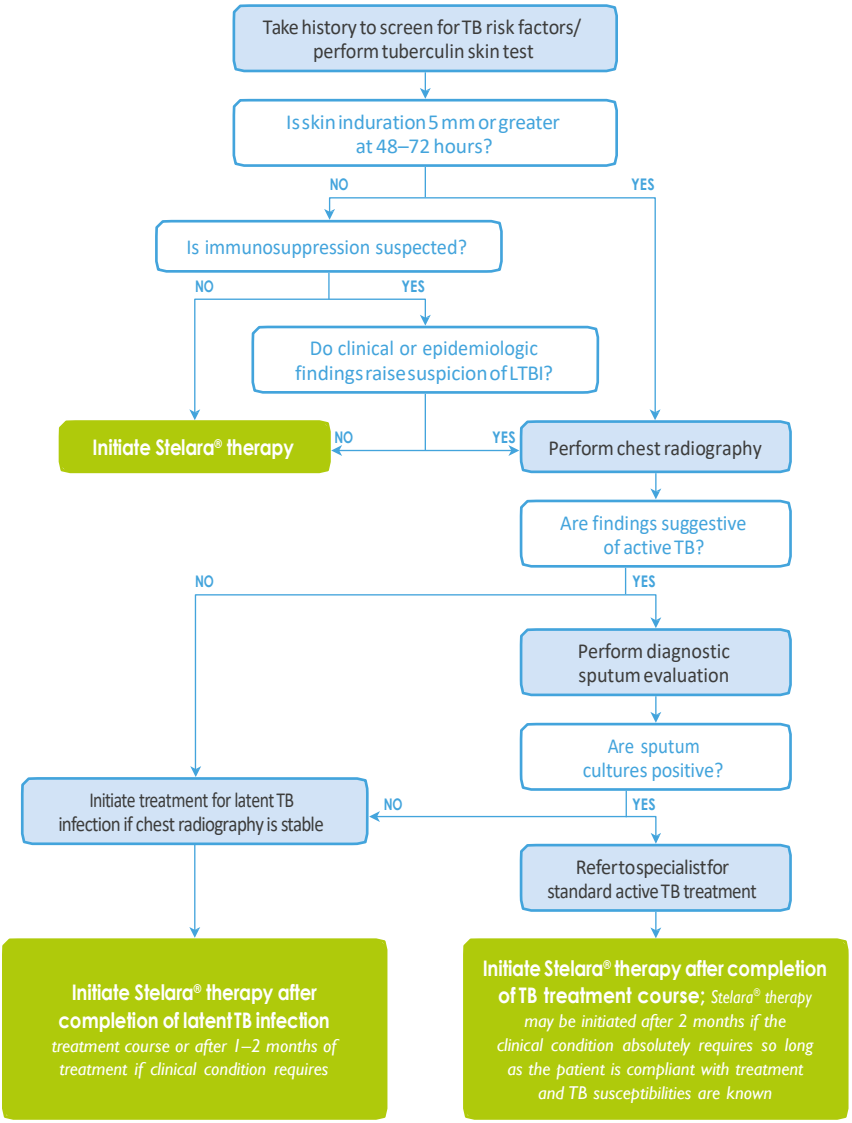
The TB screening procedure may be defined in local guidelines, or may follow other published advice, e.g. the National Psoriasis Foundation or the European Crohn's and Colitis Organisation (ECCO) consensus statement on screening for latent TB infection in patients treated with systemic and biologic agents.[3] Treatment of latent TB infection (LTBI) should be initiated prior to administering Stelara®. Anti-TB therapy should also be considered prior to initiation of Stelara® in patients with a history of latent or active TB in whom an adequate course of treatment cannot be confirmed [1]

Patients receiving Stelara® should be monitored closely for signs and symptoms of active TB during and after treatment. Stelara® must not be given to patients with active TB.[1]

A suggested screening protocol is shown below from the National Psoriasis Foundation. Concerning diagnosis of latent TB, the ECCO consensus recommends applying a combination of patient history, chest X-ray, tuberculin skin test and interferon-gamma release assays according to local prevalence and national recommendations.[3]

Local guidelines and practices should be followed where available.

Sample screening protocol for tuberculosis infection prior to initiation of Stelara® therapy



Adapted from Doherty SD, et al.[4] Local guidelines and practices should be followed where available.
LTBI: Latent tuberculosis infection.

The notification of adverse drug reactions and product complaints is of high importance, as continuous surveillance of products risk-benefit ratio are needed. Therefore all health care providers are requested to notify any adverse drug reaction while under ustekinumab to forward to:

Pharmacovigilance Contacts:
AM Mangion Group Ltd,
Mangion Building
N/S Off Valletta Road
Luqa LQA 6000
Malta

Email: pv@ammangion.com
Tel: +356 2397 6333

Reporting of suspected adverse reactions:
Healthcare professionals are asked to report any suspected adverse reactions via the national ADR Reporting Website
www.medicinesauthority.gov.mt/adrportal

Malta Medicines Authority
Sir Temi Żammit Buildings,
Malta Life Sciences Park,
San Ġwann SĠN 3000
Malta
E-mail: info.medicinesauthority@gov.mt
Telephone: 356 2343 9000 (from 7:30 to 15:45)
Helpline: 356 2343 9111 (from 9:00 to 12:00)
Fax: 356 2343 9161

For medical queries, kindly contact AM Mangion Ltd on +356 2397 6888

References

1. Stelara® – European Summary of Product Characteristics. Date: September 2017.
2. Smith CH et al. *Br J Dermatol* 2009;161(5):987–1019.
3. J.F.Rahier et al. *J Crohn's Colitis* 2014;8:443–468.
4. Doherty SD et al. *J Am Acad Dermatol* 2008;59(2):209–217.

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