Product Name	**Ilaris®**
Active substance	Ilaris® (canakinumab, ACZ885) is a high-affinity fully human monoclonal anti-human interleukin-1β (IL-1β) antibody of the IgG1/κ isotype. Ilaris® is designed to bind to human IL-1β blocking the interaction of this cytokine to its receptors, thus functionally neutralizing the bioactivity of this cytokine, IL-1β is recognized as one of the principal pro-inflammatory cytokines in a variety of inflammatory conditions.
Indication	Patients who suffer from Hereditary Periodic Fevers
Conditions of use	Ilaris® will be provided as powder for solution for injection 150 mg and will be administered subcutaneous by the treating physician.
Conditions, delays and further rules for participation of patients	The aim of this Medical Need Program (MNP) is to make Ilaris® available to a group of patients who suffer from Hereditary Periodic Fevers and who were successfully treated with canakinumab in the phase III clinical trial CLUSTER (CACZ885N2301) and who, in the opinion and the clinical judgement of the treating physician, cannot be satisfactorily treated with alternative treatments and would benefit from a prolonged treatment with Ilaris®. Ilaris® will only be made available by Novartis Pharma in case the responsible physician gives a positive advice on the admissibility of the patient upon an individual request submitted by the treating physician. The initiation and conduct of the treatment with Ilaris® for a particular patient will fall under the full and only responsibility of the treating physician. Patients and/or their parents (or legal guardian) should have been clearly and completely informed by the requesting physician and provided written consent. **<u>Inclusion Criteria</u>**: - Patients and/or their parents (or legal guardian) who have agreed to participate and have signed the informed consent - Patients who suffer from Hereditary Periodic Fevers (TRAPS, HIDS, crFMF) AND who were successfully treated with canakinumab in the phase III clinical trial CLUSTER (CACZ885N2301) AND who finalized the trial per study protocol (v02 – 22 October 2014). **<u>Exclusion criteria</u>** - The patient is not eligible for a clinical trial running with Ilaris® and/or a clinical trial running in the envisaged indication of this program. No relevant clinical trials are ongoing in Belgium in the envisaged indication with Ilaris® - The patient cannot be satisfactorily treated with approved and commercially available alternative treatments, in accordance with clinical guidelines, because of efficacy and/or safety issues.
Duration of the program	Ilaris® will be provided free of charge by Novartis Pharma on an individual patient basis following the criteria stated in this program from August 2016 until the reimbursement criteria are fixed in Belgium in the envisaged indication or until, in the clinical judgement of the treating physician, the patient is no longer benefiting from continuation of the treatment, whichever is sooner. If no reimbursement persepctive is granted for Ilaris® in Belgium in the envisaged indication, this program will be discontinued.
Conditions of distribution	All documents related to this Medical Need Program will be archived by Novartis Pharma in Belgium for at least 10 years. The demands for patient inclusion with

	annexes should be archived by the responsible physician for at least 10 years. For submission of a request, the following steps have to be taken: - Provision of this protocol to the treating physician with acknowledgement that he/she is trained on the protocol by reading it carefully. - An initial request form/physician's declaration form, completed by the treating physician: o Before submission of the initial request for individual patient supply of Ilaris®, the patient has to be informed correctly by the physician regarding the benefits, use and risks of this treatment. The patient has to give his/her consent by signing the informed consent form. The physician has to make sure that patient is eligible for this program based on the inclusion and exclusion criteria described above. Patients can decide at all times to stop their participating in this program. The treating physician can also decide to stop treatment when he/she is convinced that continuation of the treatment is harmful for the patient. o Treating physician's declaration form includes the following: ▪ He/she is personally responsible for the use of a drug that is not (yet) registered in this indication. ▪ The disease for which the drug is requested is a chronic disease or severely affects patient's health or is life-threatening and cannot be satisfactorily treated by the drugs currently marketed in Belgium and approved for the treatment in this indication. The requesting physician should include a motivation of the request. ▪ He/she informed the patient or his/her parents (or legal guardian) of all aspects of the Medical Need Program in a clear and complete manner and obtained informed consent from the patient. The physician is fully aware of the content on the protocol ▪ The physician is committed to report (S)AEs as outlined in the protocol. ▪ The physician will include a copy of the signed informed consent and ID card of the patient as outlined in the protocol and according to the Belgian law. - The initial request form/the physician's declaration form and a copy of the signed informed consent form and ID card of the patient has to be faxed to Novartis Pharma Belgium (fax 02/246 17 23). - In order to ensure confidentiality, Novartis only accepts applications send by fax on the number above. - The responsible physician of the program checks the completeness and evaluates the application and the eligibility of the patient for inclusion. - The medication is sent to the hospital pharmacy of the treating physician. Upon the initial request, medication will be delivered for 1 administration. The delivery of medication will take 1 week. - Request for resupply: when resupply of medication is needed, the treating physician has to fill in and return the Re-supply form to Novartis Pharma. Resupply of the medication will be provided within a week after approval by the responsible physician of the program. Upon the request of re-supply, medication will be delivered for a treating period of 6 months.
Responsible of the program	**Responsible of the program** Novartis Pharma Hilde Rabijns Medialaan 40 bus 1 B-1800 Vilvoorde Tel: +32 477 61 63 31

	E-mail : hilde.rabijns@novartis.com Back-up: Mieke Jansen Tel : +32 477 49 31 28 E-mail : mieke.jansen@novartis.com **Responsible physician for this program** Dr. Stefaan Vancayzeele Medialaan 40 bus 1 B-1800 Vilvoorde Tel: +32 (0)2 246 1759 E-mail: stefaan.vancayzeele@novartis.com
Modalities for the disposal	Any unused medication needs to be returned to Novartis Pharma or destroyed in an appropriate facility as soon as possible after the patient's discontinuation from the Medical Need Program. The medication delivered for an individual patient request in the context of a Medical Need Program can only be used for that particular patient. Novartis has a contractual agreement with Movianto, a local third party warehouse, which ensures the disposal of Ilaris® and which also collects Ilaris® for further destruction by Indaver. Please contact Novartis Belgium (0032 2 246 18 17) to make the practical arrangements for drug return to: Movianto Belgium, an Owens & Minor Company Waterkeringstraat 1 B-9320 Aalst, Belgium
The information for registration of suspected unexpected serious adverse reactions	Adverse reactions are listed according to MedDRA system organ class. Within each system organ class, the adverse reactions are ranked by frequency category with the most common first. Frequency categories are defined using the following convention: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000); not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. Tabulated list of adverse reactions in all indications

MedDRA System Organ Class	**All indications:** **CAPS, TRAPS, HIDS/MKD, FMF, SJIA, gouty arthritis**
Infections and infestations	
Very common	Respiratory tract infections (including pneumonia, bronchitis, influenza, viral infection, sinusitis, rhinitis, pharyngitis, tonsillitis, nasopharyngitis, upper respiratory tract infection) Ear infection Cellulitis Gastroenteritis

	Urinary tract infection
Common	Vulvovaginal candidiasis
Nervous system disorders	
Common	Dizziness/vertigo
Gastrointestinal disorders	
Very common	Upper abdominal pain [1]
Uncommon	Gastro-oesophageal reflux disease [2]
Skin and subcutaneous tissue disorders	
Very common	Injection site reaction
Musculoskeletal and connective tissue disorders	
Very common	Arthralgia [1]
Common	Musculoskeletal pain [1] Back pain [2]
General disorders and administration site conditions	
Common	Fatigue/asthenia [2]
Investigations	
Very common	Creatinine renal clearance decreased [1,3] Proteinuria [1,4] Leukopenia [1,5]
Common	Neutropenia [5]
Uncommon	Platelet count decreased [5]

[1] In SJIA

[2] In gouty arthritis

[3] Based on estimated creatinine clearance, most were transient

[4] Most represented transient trace to 1+ positive urinary protein by dipstick

[5] See further information below