Prescribing Information: OTEZLA® ▼ (apremilast) 10mg, 20mg and 30mg film coated-tablets.

Refer to the Summary of Product Characteristics (SPC) before prescribing Further information is available upon request

Presentation: 10mg, 20mg and 30mg film coated-tablets.
Indications: Psoriatic arthritis: OTEZLA®, alone or in combination with Disease Modifying Antirheumatic Drugs (DMARDs), is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients who have had an inadequate response or who have been intolerant to a prior DMARD therapy. Psoriasis: OTEZLA® is indicated for the treatment of moderate to severe chronic plaque psoriasis in adult patients who failed to respond to or who have a contraindication to, or are intolerant to other systemic therapy including ciclosporin, methotrexate or psoralen and ultraviolet-A light (PUVA).
Dosage and administration: Treatment with OTEZLA® should be initiated by specialists experienced in the diagnosis and treatment of psoriasis or psoriatic arthritis. The recommended dose of OTEZLA® is 30mg twice daily taken orally, morning and evening, approximately 12 hours apart, with no food restrictions. The film-coated tablets should be swallowed whole. To reduce risk of gastrointestinal symptoms, an initial dose titration is required per the following schedule: Day 1: 10mg in the AM; Day 2: 10mg in the AM and 10 mg in the PM; Day 3: 10mg in the AM and 20mg in the PM; Day 4: 20mg in the AM and 20mg in the PM; Day 5: 20mg in the AM and 30mg in the evening; Day 6 and thereafter: 30mg twice daily. No re-titration is required after initial titration. If patients miss a dose, the next dose should be taken as soon as possible. If it is close to the time for their next dose, the missed dose should not be taken and the next dose should be taken at the regular time. During pivotal trials the greatest improvement was observed within the first 24 weeks of treatment. If a patient shows no evidence of therapeutic benefit after 24 weeks, treatment should be reconsidered. The patient's response to treatment should be evaluated on a regular basis.
Special populations: Elderly patients: No dose adjustment is required for this patient population. Patients with renal impairment: No dose adjustment is needed in patients with mild and moderate renal impairment. The dose of OTEZLA® should be reduced to 30mg once daily in patients with severe renal impairment (creatinine clearance of less than 30mL per minute estimated by the Cockcroft-Gault equation). For initial dose titration in this group, it is recommended that OTEZLA® is titrated using only the AM doses and the evening doses be skipped. Patients with hepatic impairment: No dose adjustment is necessary for patients with hepatic impairment Paediatric population: The safety and efficacy of OTEZLA® in children aged 0 to 17 years have not been established. No data is available.
Contraindications: Hypersensitivity to the active substance(s) or to any of the excipients. OTEZLA® is contraindicated in pregnancy. Pregnancy should be excluded before treatment can be initiated.
Special warnings and precautions: Patients with rare hereditary problems of galactose intolerance, lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.
Severe diarrhoea, nausea, and vomiting associated with the use of Otezla has been reported. Most events occurred within the first few weeks of treatment. In some cases, patients were hospitalized. Patients 65 years of age or older may be at a higher risk of complications. Discontinuation of treatment may be necessary. OTEZLA® is associated with an increased risk of psychiatric disorders such as insomnia and depression. Instances of suicidal ideation and behaviour, including suicide, have been observed in patients with or without history of depression. The risks and benefits of starting or continuing treatment with OTEZLA® should be carefully assessed if patients report previous or existing psychiatric symptoms or if concomitant treatment with other medicinal products likely to cause psychiatric events is intended. Patients and caregivers should be instructed to notify the prescriber of any changes in behavior or mood and of any suicidal ideation. If patients suffered from new or worsening psychiatric symptoms, or suicidal ideation or suicidal attempt is identified, it is recommended to discontinue treatment with OTEZLA®. OTEZLA® should be dose reduced to 30mg once daily in patients with severe renal impairment. OTEZLA® may cause weight loss. Patients who are underweight at the start of treatment should have their body weight monitored regularly. In the event of unexplained and clinically significant weight loss, these patients should be evaluated by a medical practitioner and discontinuation of treatment should be considered. Women of childbearing potential should use an effective method of contraception to prevent pregnancy during treatment. OTEZLA® should not be used during breast-feeding. No fertility data is available in humans**.**
Interactions: Co-administration of strong cytochrome P450 3A4 (CYP3A4) enzyme inducer, rifampicin, resulted in a reduction of systemic exposure of OTEZLA®, which may result in a loss of efficacy of OTEZLA®. Therefore, the use of strong CYP3A4 enzyme inducers (e.g. rifampicin, phenobarbital, carbamazepine, phenytoin and St. John's Wort) with OTEZLA® is not recommended. In clinical studies, OTEZLA® has been administered concomitantly with topical therapy (including corticosteroids, coal tar shampoo and salicylic acid scalp preparations) and UVB phototherapy. There was no clinically meaningful drug-drug interaction between ketoconazole and OTEZLA®. OTEZLA® can be co-administered with a potent CYP3A4 inhibitor such as ketoconazole. There was no pharmacokinetic drug-drug interaction between OTEZLA® and methotrexate in psoriatic arthritis patients. OTEZLA® can be co-administered with methotrexate. There was no pharmacokinetic drug-drug interaction between OTEZLA® and oral contraceptives containing ethinyl estradiol and norgestimate. OTEZLA® can be co-administered with oral contraceptives.
Side effects: The most commonly reported adverse reactions in Phase III clinical studies have been gastrointestinal disorders including diarrhoea and nausea. The other most commonly reported adverse reactions included upper respiratory tract infections, headache, and tension headache. The most common adverse reactions leading to discontinuation during the first 16 weeks of treatment were diarrhoea, and nausea. The overall incidence of serious adverse reactions was low and did not indicate any specific system organ involvement. Very commonly reported adverse events are listed as: diarrhoea* and nausea*. Common adverse events are listed as: bronchitis, upper respiratory tract infection, nasopharyngitis*, decreased appetite*, insomnia, depression, migraine*, tension headache*, headache*, cough, vomiting*, dyspepsia, frequent bowel movements, upper abdominal pain*, gastroesophageal reflux disease, back pain*, fatigue. Prescribers should consult the summary of product characteristics in relation to other side-effects.
Hypersensitivity* and risk of triggering suicide* have also been reported. * At least one of these was reported as serious or could be considered serious
Legal category: POM **Marketing authorisation numbers**: EU/1/14/981/001, EU/1/14/981/002 and EU/1/14/981/003. **Marketing authorisation holder:** Celgene Europe BV, Winthontlaan 6 N, 3526KV Utrecht, Netherlands**. For further information contact:** Celgene Ltd, 1 Longwalk Road, Stockley Park, Uxbridge, UB11 1DB, United Kingdom Tel: +44(0)208 831 8300
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Please report any suspected adverse reactions directly to the Health Products Regulatory Authority (HPRA) using the online forms at www.hpra.ie or the freepost reporting system
Adverse events should also be reported to Celgene Drug Safety
Tel: 1800 936 217 Fax: 1800 936 477