

[Notes to editors]

1. Summary of Product Characteristics

[Information being added is indicated by underlining>

1) Brand name:

HUMIRA® for Subcutaneous Injection 20 mg syringe 0.4 mL

HUMIRA® for Subcutaneous Injection 40 mg syringe 0.8 mL

HUMIRA® for Subcutaneous Injection 40 mg syringe 0.4 mL *

HUMIRA® for Subcutaneous Injection 80 mg syringe 0.8 mL *

*Prelaunched

2) Generic name:

Adalimumab (recombinant)

3) Indications:

HUMIRA for Subcutaneous Injection 20 mg syringe 0.4 mL

HUMIRA for Subcutaneous Injection 40 mg syringe 0.8 mL

HUMIRA for Subcutaneous Injection 40 mg syringe 0.4 mL

Patients who have had an inadequate response to conventional therapy for the following disease
Juvenile idiopathic arthritis with active polyarthritis

HUMIRA for Subcutaneous Injection 40 mg syringe 0.8 mL

HUMIRA for Subcutaneous Injection 40 mg syringe 0.4mL

HUMIRA for Subcutaneous Injection 80 mg syringe 0.8 mL

Rheumatoid arthritis (including inhibition of the progression of structural damage)

Patients who have had an inadequate response to conventional therapy for the following diseases

Plaque psoriasis and Arthritic psoriasis

Ankylosing Spondylitis

Intestinal Behcet's disease

Non-infectious intermediate uveitis, posterior uveitis or panuveitis

Induction and maintenance therapy for moderate to severely active Crohn's disease (administer HUMIRA to patients who have had an inadequate response to conventional therapy.)

Treatment of moderate to severe ulcerative colitis (administer HUMIRA to patients who have had an inadequate response to conventional therapy)

4) Dosage and administration:

HUMIRA for Subcutaneous Injection 20 mg syringe 0.4 mL

HUMIRA for Subcutaneous Injection 40 mg syringe 0.8 mL

HUMIRA for Subcutaneous Injection 40 mg syringe 0.4 mL

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c

HUMIRA for Subcutaneous Injection 40mg syringe 0.8 mL

HUMIRA for Subcutaneous Injection 40mg syringe 0.4 mL

HUMIRA for Subcutaneous Injection 80mg syringe 0.8 mL

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Precautions for Use (The related part to non-infectious uveitis)

HUMIRA should be administered only when clinical symptoms clearly attributed to the disease remained in the previous treatments, despite the proper treatment with conventional therapies (cyclosporine and etc. in the case of uveitis secondary to Behcet's disease, or oral steroids and etc. in the case of other non-infectious uveitis).

Adverse Reactions

Major adverse reactions included nasopharyngitis (30.0%), injection site erythema (9.7%), injection site reaction (8.6%), rash (7.6%), upper respiratory tract infection (6.4%).

3. About VISUAL-I, II, III

VISUAL-I and II investigated active and controlled non-infectious intermediate, posterior and panuveitis. These two trials were double-blind, randomized and placebo-controlled. VISUAL-I and VISUAL-II clinical trials were randomized 1:1 and patients treated with HUMIRA received an 80 mg baseline loading dose followed by 40 mg given by subcutaneous injection at week 1, followed by 40 mg every other week for up

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- ² Siddique SS, Suelves AM, Baheti U. Glaucoma and Uveitis. *Survey of Ophthalmology* 58(1-10).
- ³ Wakefield D, Chang JH. Epidemiology of Uveitis. *International Ophthalmology Clinics*. 2005;45(2):1-13. doi:10.1097/01.iio.0000155938.83083.94.
- ⁴ Nussenblatt RB. The natural history of uveitis. *Int Ophthalmol*. 1990;14:303-308.
- ⁵ Rothova A, Suttorp-van Schulten MS, Frits Treffers W, et al. Causes and frequency of blindness in patients with intraocular inflammatory disease. *Br J Ophthalmol*. 1996;80:332-336.
- ⁶ Jabs DA., Busingye J. Approach to Diagnosis of Uveitides. *Am J Ophthal*. 2013; 156(2):228-236.
- ⁷ Barsani-Asenbauer T, Maca SM, Mejdoubi L, Emminger W, Machold K, Auer H. Uveitis- a rare disease often associated with systemic diseases and infections- a systematic review of 2619 patients. *Orphanet J Rare Diseases*. 2012; 7(57).
- ⁸ Jabs DA, Rosenbaum JT, Foster CS, et al. Guidelines for the use of immunosuppressive