RoACTEMRA for Systemic Juvenile Idiopathic Arthritis (sJIA)

STEP-BY-STEP INFUSION INSTRUCTIONS

A guide to assist healthcare professionals with the dose preparation and administration of RoACTEMRA therapy in patients with active Systemic Juvenile Idiopathic Arthritis

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tocilizumab

Prescribing information can be found on the back cover

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Quick Reference Guide

1. Go through the pre-administration checklist with your patient and their parents/guardian, determine his or her infection risk and history
2. Take baseline assessments to ensure the patient is healthy enough to receive the infusion
3. Weigh the patient and calculate the RoACTEMRA dose required using the dose calculation table
4. Gather all supplies necessary for RoACTEMRA infusion
5. Prepare the patient for the infusion of RoACTEMRA by answering any questions they or their parents/guardians might have and preparing the infusion set and intravenous site
6. Prepare the RoACTEMRA infusion using aseptic technique
7. Begin the RoACTEMRA infusion, administered over 1 hour using an infusion set

Dosing Preparation and Administration Guide

RoACTEMRA is indicated for the treatment of active systemic juvenile idiopathic arthritis (sJIA) in patients 2 years of age and older, who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids. RoACTEMRA can be given as monotherapy (in case of intolerance to methotrexate [MTX] or where treatment with MTX is inappropriate) or in combination with MTX.

This booklet will guide you through the RoACTEMRA infusion process in 7 steps.

Before therapy begins

Before beginning RoACTEMRA therapy, and prior to each infusion, it is important that you discuss the information contained within the *Healthcare Professional Brochure - Important Efficacy and Safety Information* (highlighting the information in the *Patient Counselling Information and Laboratory Monitoring* section) and the *Patient Brochure - What you should know* with the patient and the patient's parents/guardians. These brochures contain valuable information that will help your patients and their parents/guardians fully understand what to expect from treatment with RoACTEMRA. Allow ample time to discuss any questions they may have.

RoACTEMRA patient brochures and other information can be requested from your sales representative. If you have questions, please contact Roche Medical Information at **medinfo.uk@roche.com** or call on +44 1707 367554.

Prior to each infusion, it is important that you review step 1 (Pre-administration Checklist) in this booklet with your patient and their parent/guardian and allow ample time to discuss any questions they may have.

Blood tests will need to be carried out according to the following schedule:

Blood tests required prior to starting therapy:

- In patients not previously treated with RoACTEMRA, initiation is not recommended in patients with an absolute neutrophil count (ANC) below 2 x 10^9/l. Caution should be exercised when considering initiation of RoACTEMRA treatment in patients with a low platelet count (i.e. platelet count below 100 x 10^3/ µl). In patients who develop an ANC < 0.5 x 10^9/ l or a platelet count < 50 x 10^3/µl, continued treatment is not recommended.
- Caution should be exercised when considering initiation of RoACTEMRA treatment in patients with elevated ALT or AST > 1.5 x ULN. In patients with baseline ALT or AST > 5 x ULN, treatment is not recommended.

Blood tests required during treatment:

- Neutrophils and platelets should be monitored at the time of 2nd infusion and thereafter according to standard clinical practice.
- Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels should be monitored at the time of the second infusion and thereafter according to good clinical practice. When clinically indicated, other liver function tests including bilirubin should be considered.
- Lipid parameters should be assessed 4 – 8 weeks after start of therapy and manage according to local guidelines.

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1 Pre-administration checklist

To determine the patient's risk of infection and history, ask the patient's parents/guardians if the patient:

- Has an infection or is being treated for an infection
- Is taking any other medication. This includes prescription or non-prescription drugs, statins, vitamins and herbals
- Has recently had a live or live-attenuated vaccine, including any travel vaccines, or is scheduled to have one
- Is sexually active (if the patient is of childbearing age) and is planning a pregnancy or is breastfeeding
- Has cancer or a history of cancer
- Is allergic (hypersensitive) to any of the ingredients of RoACTEMRA
- Has diabetes, hypertension and/or hyperlipidaemia
- Has tuberculosis (TB), or has been in close contact with someone who has had TB. The patient should be tested for TB before beginning RoACTEMRA therapy
- Has symptoms that may be due to complicated diverticulitis, such as abdominal pain, haemorrhage and/or unexplained change in bowel habits with fever
- Has had or now has any disease of the liver including active hepatic disease or hepatic impairment
- Has haematological abnormalities – low neutrophils or platelet count, elevated liver enzymes and lipids
- Has symptoms that may be due to a central demyelinating disorder
- Is on a controlled sodium diet
- Has a history of macrophage activation syndrome (MAS)

For further information and treatment recommendations in case of abnormal laboratory parameters, see the Healthcare Professional brochure entitled *'Healthcare Professional Brochure – Important Efficacy and Safety Information.'*

Discuss with the patient and their parents/guardians any questions that they may have about this information.

2 Take baseline assessments

Take baseline assessments to ensure the patient is healthy enough to receive the infusion. Vital signs may include:

- Blood pressure
- Temperature
- Pulse

3 Weigh patient and calculate RoACTEMRA dose

RoACTEMRA dosing is calculated based on each patient's weight. Use the calculation provided on this page, or locate the patient's weight on the chart to find the corresponding dose.

If the patient's dose has been calculated prior to the infusion date, take his or her weight to make sure that it has not changed from the time of the original calculation to require a change in dose. If the patient's weight has changed, then refer to the chart to check whether a dosing adjustment is necessary.

Once the dose is calculated, choose the vial combination of RoACTEMRA that best matches the patient's needs. RoACTEMRA is available in three different dosing volumes:

400 mg (20 ml) 200 mg (10 ml) 80 mg (4 ml)

RoACTEMRA dosing in sJIA patients is based on the following formulae:

For patients weighing <30 kg
Patient's weight (kg) x 12 mg/kg = RoACTEMRA dose

For patients weighing ≥30 kg
Patient's weight (kg) x 8 mg/kg = RoACTEMRA dose

Please refer to the RoACTEMRA Pocket Dosing Guide for sJIA for more details

	Weight (kg)	Weight (lbs)	Dose (mg)	Dose (mL)	Vial combinations
12 mg/kg	10	22.0	120	6.0	1 + 1
	11	24.2	132	6.6	1 + 1
	12	26.4	144	7.2	1 + 1
	13	28.6	156	7.8	1 + 1
	14	30.8	168	8.4	1
	15	33.0	180	9.0	1
	16	35.2	192	9.6	1
	17	37.4	204	10.2	1 + 1 + 1
	18	39.6	216	10.8	1 + 1 + 1
	19	41.8	228	11.4	1 + 1 + 1
	20	44.0	240	12.0	1 + 1 + 1
	21	46.2	252	12.6	1 + 1
	22	48.4	264	13.2	1 + 1
	23	50.6	276	13.8	1 + 1
	24	52.8	288	14.4	1 + 1 + 1 + 1
	25	55.0	300	15.0	1 + 1 + 1 + 1
	26	57.2	312	15.6	1 + 1 + 1 + 1
	27	59.4	324	16.2	1 + 1 + 1
	28	61.6	336	16.8	1 + 1 + 1
	29	63.8	348	17.4	1 + 1 + 1
	30	66.0	240	12.0	1 + 1 + 1
	31	68.2	248	12.4	1 + 1
	32	70.4	256	12.8	1 + 1
	33	72.6	264	13.2	1 + 1
	34	74.8	272	13.6	1 + 1
	35	77.0	280	14.0	1 + 1
	36	79.2	288	14.4	1 + 1 + 1 + 1
	37	81.4	296	14.8	1 + 1 + 1 + 1
	38	83.6	304	15.2	1 + 1 + 1 + 1
	39	85.8	312	15.6	1 + 1 + 1 + 1
	40	88.0	320	16.0	1 + 1 + 1 + 1
	41	90.2	328	16.4	1 + 1 + 1
	42	92.4	336	16.8	1 + 1 + 1
	43	94.6	344	17.2	1 + 1 + 1
	44	96.8	352	17.6	1 + 1 + 1
	45	99.0	360	18.0	1 + 1 + 1
	46	101.2	368	18.4	1
	47	103.4	376	18.8	1
	48	105.6	384	19.2	1
	49	107.8	392	19.6	1
	50	110	400	20.0	1
	51	112.2	408	20.4	1 + 1 + 1 + 1 + 1
	52	114.4	416	20.8	1 + 1 + 1 + 1 + 1
	53	116.6	424	21.2	1 + 1 + 1 + 1 + 1
	54	118.8	432	21.6	1 + 1 + 1 + 1 + 1
	55	121	440	22.0	1 + 1 + 1 + 1 + 1
8 mg/kg	56	123.2	448	22.4	1 + 1
	57	125.4	456	22.8	1 + 1
	58	127.6	464	23.2	1 + 1
	59	129.8	472	23.6	1 + 1
	60	132	480	24.0	1 + 1
	61	134.2	488	24.4	1 + 1 + 1 + 1 + 1 + 1
	62	136.4	496	24.8	1 + 1 + 1 + 1 + 1 + 1
	63	138.6	504	25.2	1 + 1 + 1 + 1 + 1 + 1
	64	140.8	512	25.6	1 + 1 + 1 + 1 + 1 + 1
	65	143	520	26.0	1 + 1 + 1 + 1 + 1 + 1
	66	145.2	528	26.4	1 + 1 + 1 + 1
	67	147.4	536	26.8	1 + 1 + 1 + 1
	68	149.6	544	27.2	1 + 1 + 1 + 1
	69	151.8	552	27.6	1 + 1 + 1 + 1
	70	154	560	28.0	1 + 1 + 1 + 1
	71	156.2	568	28.4	1 + 1
	72	158.4	576	28.8	1 + 1
	73	160.6	584	29.2	1 + 1
	74	162.8	592	29.6	1 + 1
	75	165	600	30.0	1 + 1
	76	167.2	608	30.4	1 + 1 + 1 + 1 + 1
	77	169.4	616	30.8	1 + 1 + 1 + 1 + 1
	78	171.6	624	31.2	1 + 1 + 1 + 1 + 1
	79	173.8	632	31.6	1 + 1 + 1 + 1 + 1
	80	176	640	32.0	1 + 1 + 1 + 1 + 1
	81	178.2	648	32.4	1 + 1 + 1 + 1
	82	180.4	656	32.8	1 + 1 + 1 + 1
	83	182.6	664	33.2	1 + 1 + 1 + 1
	84	184.8	672	33.6	1 + 1 + 1 + 1
	85	187	680	34.0	1 + 1 + 1 + 1
	86	189.2	688	34.4	1 + 1 + 1 + 1 + 1 + 1
	87	191.4	696	34.8	1 + 1 + 1 + 1 + 1 + 1
	88	193.6	704	35.2	1 + 1 + 1 + 1 + 1 + 1
	89	195.8	712	35.6	1 + 1 + 1 + 1 + 1 + 1
	90	198	720	36.0	1 + 1 + 1 + 1 + 1 + 1
	91	200.2	728	36.4	1 + 1 + 1 + 1 + 1
	92	202.4	736	36.8	1 + 1 + 1 + 1 + 1
	93	204.6	744	37.2	1 + 1 + 1 + 1 + 1
	94	206.8	752	37.6	1 + 1 + 1 + 1 + 1
	95	209	760	38.0	1 + 1 + 1 + 1 + 1
	96	211.2	768	38.4	1 + 1
	97	213.4	776	38.8	1 + 1
	98	215.6	784	39.2	1 + 1
	99	217.8	792	39.6	1 + 1
	≥100	≥220	800	40.0	1 + 1

4 Gather all necessary supplies

You will need:

- RoACTEMRA, at room temperature
- Syringes and large-bore needles
- One primary infusion set with Y site
- One 50 ml (patients <30 kg) or 100 ml (patients ≥30 kg) bag of 0.9% (9 mg/ml) sodium chloride
- One intravenous (IV) catheter
- Gauze
- Tourniquet
- Gloves
- Alcohol/cleansing wipes
- Appropriate treatment to manage an infusion-related anaphylactic reaction





5 Prepare the patient for the infusion

- Review the *Patient Brochure – What You Should Know* with the patient and their parents/guardians. Answer any questions they may have
- RoACTEMRA does not require premedication. Start infusion of 0.9% (9mg/mL) sodium chloride


6 Prepare the RoACTEMRA infusion

RoACTEMRA should not be infused concomitantly in the same IV line with other drugs. No physical or biochemical compatibility studies have been conducted to evaluate the co-administration of RoACTEMRA with other drugs.

RoACTEMRA is a ready-mix solution and requires no reconstitution. RoACTEMRA concentrate for IV infusion should be diluted by a healthcare professional using aseptic technique as follows:

- Parenteral drug products should be inspected visually for particulate matter or discolouration prior to administration. Only solutions which are clear to opalescent, colourless to pale yellow and free of visible particles should be diluted
- Although RoACTEMRA should be refrigerated for storage, the fully diluted RoACTEMRA solution should be allowed to reach room temperature before it is infused. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 24 hours at 2-8°C, unless dilution has taken place in controlled and validated aseptic conditions. RoACTEMRA solutions do not contain preservatives; therefore, unused product remaining in the vials should not be used

For Patients <30 kg

- From a 50 ml infusion bag, withdraw a volume of sterile, non-pyrogenic 0.9% (9 mg/ml) sodium chloride solution for injection equal to the volume of RoACTEMRA concentrate required for the patient's dose under aseptic conditions

For Patients ≥30 kg

- From a 100 ml infusion bag, withdraw a volume of sterile, non-pyrogenic 0.9% (9 mg/ml) sodium chloride solution for injection equal to the volume of RoACTEMRA concentrate required for the patient's dose under aseptic conditions

- Slowly add the required amount of RoACTEMRA concentrate for IV infusion from each vial into the infusion bag. To mix the solution, gently invert the bag to avoid foaming
- Dispose of needle and syringe in sharps containers when finished

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7 Begin the RoACTEMRA infusion

The infusion should be administered over 1 hour. **It must be administered with an infusion set and should never be administered as an IV push or bolus.**

Prior to the infusion, inform the patient and their parent/guardian of potential hypersensitivity reactions. Most reactions happen during infusion or within 24 hours after infusion. Such reactions may be more severe, and potentially fatal in patients who have experienced hypersensitivity reactions during previous infusions even if they have received premedication with steroids and antihistamines.

In the 12 week controlled phase of the trial one event (angioedema) occurred during infusion which was considered serious and life threatening which led to study treatment discontinuation. Events which may occur within 24 hours of infusion may include (but are not limited to):

- Rash
- Urticaria
- Diarrhoea
- Epigastric discomfort
- Arthralgia
- Headache

One of these events, urticaria, was considered serious.

During the infusion, watch the patient closely for any hypersensitivity or anaphylactic reaction. Appropriate treatment should be available for immediate use in the event of an anaphylactic reaction or other serious hypersensitivity / serious infusion related reaction. Administration of RoACTEMRA should be stopped immediately and permanently discontinued.

Once the infusion is completed, remove the catheter and dispose of all supplies properly, clean infusion site and check the patient's vital signs.

FREQUENTLY ASKED QUESTIONS

How do I store RoACTEMRA vials?

RoACTEMRA must be refrigerated at 2–8°C. Do not freeze. Protect the vials from light by storage in the original package until time of use.

What vial sizes are available, and which should we stock?

RoACTEMRA is available in three different dosing vials: 400 mg (20 ml), 200 mg (10 ml) and 80 mg (4 ml). As the dosing of RoACTEMRA is calculated based upon patient weight, you may need a supply of all three dosing vials on hand in order to select the correct vial combination for each patient.

Do I need to administer premedication?

No premedication is required before administering RoACTEMRA.

How do I prepare RoACTEMRA for infusion? What diluents can I use?

RoACTEMRA concentrate for IV infusion should be diluted to 50 ml (for patients <30 kg) or 100 ml (for patients ≥30 kg) with sterile, non-pyrogenic 0.9% (9 mg/ml) sodium chloride solution for injection using aseptic technique as follows:

- Parenteral drug products should be inspected visually for particulate matter or discolouration prior to administration. Only solutions which are clear to opalescent, colourless to pale yellow and free of visible particles should be diluted
- From a 50 or 100 ml infusion bag, withdraw a volume of sterile non-pyrogenic sodium chloride 9 mg/ml (0.9%) solution for injection equal to the volume of the RoACTEMRA concentrate required for the patient's dose under aseptic conditions
- Slowly add RoACTEMRA concentrate for IV infusion from each vial into the infusion bag. To mix the solution, gently invert the bag to avoid foaming
- Although RoACTEMRA should be refrigerated for storage, the fully diluted RoACTEMRA solution should be allowed to reach room temperature before it is infused
- Dispose of needle and syringe in sharps containers when finished

What is the infusion duration?

RoACTEMRA is administered over a 1-hour period. It must be administered with an infusion set and should never be administered as an IV push or bolus.

How do I store the diluted infusion? What is the stability of RoACTEMRA?

The fully diluted RoACTEMRA solutions for infusion may be stored at 2–8°C or room temperature (if diluted under controlled and validated aseptic conditions) for up to 24 hours and should be protected from light. RoACTEMRA solutions do not contain preservatives; therefore, unused product remaining in the vials should not be used.

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After dilution, the prepared solution for infusion is physically and chemically stable at 30°C for 24 hours. The prepared solution for infusion should be used immediately. If not, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 24 hours at 2°C–8°C, unless dilution has taken place in controlled and validated aseptic conditions.

What should I look for during the infusion?

Watch the patient closely for any hypersensitivity, including anaphylaxis. Most reactions happen during infusion or within 24 hours after infusion. Such reactions may be more severe, and potentially fatal in patients who have experienced hypersensitivity reactions during previous infusions even if they have received premedication with steroids and antihistamines.

Reactions that may occur within 24 hours of an infusion may include (but are not limited to):

- Rash
- Urticaria
- Diarrhoea
- Epigastric discomfort
- Arthralgia
- Headache

During the infusion, watch the patient closely for any hypersensitivity reaction. If an anaphylactic reaction or other serious hypersensitivity / serious infusion related reaction occurs, administration of RoACTEMRA should be stopped immediately, a physician is called immediately and RoACTEMRA should be permanently discontinued.

What kinds of side effects and reactions can occur during or after the infusion, and how common are they?

In general the adverse drug reactions (ADRs) in sJIA patients were similar in type to those seen in patients with rheumatoid arthritis (RA).

The most commonly reported ADRs in RA patients were upper respiratory tract infections, nasopharyngitis, headache, hypertension and increased ALT. Reported serious infections were similar to those seen in RA patients with the addition of varicella and otitis media.

One event (angioedema) was reported during an infusion and was considered to be serious and life threatening and the patient discontinued study treatment. Events within 24 hours of infusion included but were not limited to rash, urticaria, diarrhoea, epigastric discomfort, arthralgia and headache. One of these events, urticaria, was considered serious.

Clinically significant hypersensitivity reactions associated with RoACTEMRA and requiring treatment discontinuation were reported in 1 out of 112 patients (<1%) treated with RoACTEMRA.

What should I do if the patient develops macrophage activation syndrome (MAS)?

MAS is a serious life-threatening disorder that may develop in sJIA patients. This syndrome is thought to be triggered by infections or changes in medications, but can occur without clear reasons or aetiology. In clinical trials, RoACTEMRA has not been studied in patients during an episode of active MAS. If your patient has a history of MAS, it is necessary to assess the risk and benefit to the patient before initiating RoACTEMRA therapy.

How frequently should I monitor the patient's vital signs?

Take the patient's vital signs before and after each infusion.

What if patients cannot schedule their infusion in exactly 2 weeks?

RoACTEMRA should be administered once every 2 weeks. Contact the prescriber for any deviations from that schedule.

What information do I need to provide the patient about RoACTEMRA?

Before beginning RoACTEMRA therapy, it is important that you review the *Patient Brochure - What you should know* with the patient and the patient's parents or guardians. This brochure contains valuable information that will help your patients and their parents/guardians fully understand what they may expect from their treatment.

Prior to each infusion, it is important that you review the *Healthcare Professional Brochure - Important Efficacy and Safety Information* and particularly discuss with the patient and their parents/guardians the information highlighted within the *Patient Counselling Information and Laboratory Monitoring* section. Allow ample time to discuss any questions that they may have.

To request further information about RoACTEMRA, please call Medical Information on +44 1707 367554 or email medinfo.uk@roche.com.

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PRESCRIBING INFORMATION ROACTEMRA® (tocilizumab):Please refer to RoActemra SPC for full prescribing information. Indication: RoActemra, in combination with methotrexate (MTX), is indicated for the treatment of adult patients with moderate to severe active rheumatoid arthritis who have had an inadequate response or intolerance to previous DMARDs or TNF antagonists. RoActemra has been shown to reduce the rate of progression of joint damage as measured by X-ray and to improve physical function when given in combination with MTX. Also, in combination with MTX, for the treatment of active systemic juvenile idiopathic arthritis (sJIA) in patients ≥2 years of age, who have responded inadequately to previous therapy with NSAIDs and systemic corticosteroids. RoActemra can be given as monotherapy (in case of intolerance to MTX or where treatment with MTX is inappropriate). **Dosage and Administration: RA:** Recommended posology is 8mg/kg iv infusion given every 4 weeks. For patients with body weight over 100kg, doses exceeding 800mg per infusion are not recommended. Doses above 1.2g have not been evaluated. **sJIA:** Recommended posology is 8mg/kg for patients weighing ≥30kg or 12mg/kg for patients weighing <30kg, given every 2 weeks. Infusions should be given over 1 hour, with 8mg/kg diluted to a volume of 100ml and 12mg/kg diluted to a volume of 50ml. Treatment should be initiated by an appropriately experienced healthcare professional and patients should be given the Patient Alert Card. **Dose adjustments: RA:** No dose adjustments are required in elderly patients, or in patients with mild renal impairment. Dose reduction to 4mg/kg, or interruptions, are recommended in the event of raised liver enzymes, low absolute neutrophil count or low platelet count (see SPC for details). RoActemra should not be initiated in patients with absolute neutrophil count below 2x109/l. **sJIA:** Dose interruptions are recommended in the event of raised liver enzymes, low absolute neutrophil count or low platelet count but dose reductions have not been studied in these patients (see SPC for details). **Contraindications:** Hypersensitivity to any component of the product; active, severe infections. **Precautions: both indications:** *Infections:* Serious and sometimes fatal infections have been reported with RoActemra. In cases of serious infection interrupt therapy until controlled. Caution in patients with recurring/chronic infections, or other conditions which may predispose to infection. Severe neutropenia may be associated with an increased risk of serious infections. *Tuberculosis:* Screen for and treat latent TB prior to starting therapy. *Hypersensitivity reactions:* Fatal anaphylaxis may occur in patients who have experienced hypersensitivity reactions during previous infusions even if they have received premedication with steroids and antihistamines. Appropriate treatment should be available for immediate use in the event of an anaphylactic reaction. If serious hypersensitivity/serious infusion related reactions occur stop RoActemra treatment and permanently discontinue. *Active hepatic disease/impairment:* Use with caution in patients with active hepatic disease/impairment. *Hepatic transaminase elevations:* Not recommended in patients with baseline ALT or AST >5xULN; caution in patients with ALT or AST >1.5xULN. Monitor ALT/AST levels according to SPC. Consider other liver function tests including bilirubin if clinically indicated. *Haematological abnormalities:* Caution in patients with platelet count <100x103/µl; monitor levels according to SPC. If reduced, follow recommendations for dose modification. Continued treatment not recommended in patients with ANC <0.5 x 109/ l or platelet count <50 x 103/µl. *Lipid parameters:* Lipid parameters should be assessed according to SPC, if elevated, patients should be managed according to local guidelines for hyperlipidaemia. *Neurological disorders:* The potential for central demyelination with RoActemra is currently unknown; physicians should be vigilant for symptoms of new onset disease. *Malignancy:* Immunomodulatory medicines may increase the risk of malignancy. *Vaccinations:* Live and live attenuated vaccines should not be given concurrently as safety has not been established. *Cardiovascular risk:* RA patients should have CV risk factors managed as part of usual standard of care. *Combined with other biologic treatments:* Not recommended due to lack of experience. *Sodium:* Product contains 26.55mg sodium per 1200mg. **RA only:** *Viral reactivation:* Viral reactivation (e.g. hepatitis B virus) has been reported with biologic therapies for RA. *Diverticulitis:* Caution in patients with a history of intestinal ulceration or diverticulitis. Patients with symptoms of complicated diverticulitis should be evaluated promptly. **sJIA only:** Macrophage activation syndrome (MAS) is a serious life-threatening disorder which may develop in sJIA patients. Tocilizumab treatment has not been studied during active MAS. **Interactions:** Patients taking medicines which are individually adjusted and metabolised via CYP450 3A4, 1A2, or 2C9 should be monitored when starting or stopping RoActemra, as doses may need adjusting. **Pregnancy and Lactation:** Women should use contraception during and for 3 months after treatment. A decision on whether to continue/discontinue breastfeeding on RoActemra therapy should take into account relative benefits to mother and child. **Undesirable effects: RA:** Most commonly reported ADRs were URTI, nasopharyngitis, headache, hypertension and increased ALT. *Very common ADR:* hypercholesterolaemia. *Common ADRs:* cellulitis, pneumonia, oral herpes simplex, herpes zoster, abdominal pain, mouth ulceration, gastritis, rash, pruritis, urticaria, dizziness, weight increased, total bilirubin increased, leukopenia, neutropenia, peripheral oedema, hypersensitivity reactions, conjunctivitis, cough, dyspnoea. *Medically significant events: Infections:* Serious infections have been reported, some with fatal outcome. Opportunistic infections have been reported. *GI perforations:* primarily reported as complications of diverticulitis. *Infusion reactions:* Hypersensitivity reactions requiring treatment discontinuation occurred in 0.3% of patients treated with tocilizumab. Reactions were generally observed during the 2nd-5th infusions. Fatal anaphylaxis has been reported. *Other:* Decreased neutrophil count, decreased platelet count, hepatic transaminase elevations, lipid parameter increases, very rare cases of pancytopenia. **sJIA:** in general ADRs similar in type to those in RA. *Medically significant events: Infections:* Serious infections were similar to those seen in RA, with additions of varicella and otitis media. *Infusion reactions:* Hypersensitivity reactions requiring treatment discontinuation occurred in <1% of patients treated with tocilizumab. *IgG:* IgG levels decreased during therapy. *Other:* decreased neutrophil count, decreased platelet count, hepatic transaminase elevations, lipid parameter increases. For all indications, prescriber should consult the SPC in relation to other side-effects. **Legal category:** POM **Presentations and Basic NHS Costs:** 80mg of tocilizumab in 4ml (20mg/ml) 1 vial: £102.40, 200mg of tocilizumab in 10ml (20mg/ml) 1 vial: £256.00, 400mg of tocilizumab in 20ml (20mg/ml) 1 vial: £512.00 **Marketing Authorisation Numbers:** EU/1/08/492/01 (80mg), EU/1/08/492/03 (200mg), EU/1/08/492/05 (400mg) **Marketing Authorisation Holder:** Roche Registration Limited, 6 Falcon Way, Welwyn Garden City, Herts AL7 1TW. RoActemra is a registered trade mark. **Date of Prep:** August 2011 RCUKMEDI00006a

Adverse events should be reported to Roche Products Limited.
Please contact UK Drug Safety Centre, Roche Products Ltd,
6 Falcon Way, Shire Park, Welwyn Garden City, Hertfordshire, England
Telephone number +44 1707 367554.
Adverse events may otherwise be reported
via the yellow card scheme.
Reporting forms and information can be found at:
http://www.medicinesauthority.gov.mt/pub/adr.doc.

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