

# RoACTEMRA® tocilizumab

## Pocket dosing guide for systemic juvenile idiopathic arthritis (sJIA)

RoACTEMRA is indicated for the treatment of active 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.

Dosing 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

Dosing should take place at 2 week intervals. The dose should be calculated based on the patient's body weight at each administration. A change in dose should only be based on a consistent change in the patient's body weight over time.

RoACTEMRA should be administered as an intravenous infusion over 1 hour

Prescribing information can be found on the reverse  
Please refer to the Summary of Product Characteristics.

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

	Weight (kg)	Weight (lbs)	Dose (mg)	Dose (mL)	Vial combinations
12 mg/kg	10	22.0	120	6.0	120
	11	24.2	132	6.6	120 + 12
	12	26.4	144	7.2	120 + 24
	13	28.6	156	7.8	120 + 36
	14	30.8	168	8.4	120 + 48
	15	33.0	180	9.0	120 + 60
	16	35.2	192	9.6	120 + 72
	17	37.4	204	10.2	120 + 84
	18	39.6	216	10.8	120 + 96
	19	41.8	228	11.4	120 + 108
	20	44.0	240	12.0	120 + 120
	21	46.2	252	12.6	120 + 132
	22	48.4	264	13.2	120 + 144
	23	50.6	276	13.8	120 + 156
	24	52.8	288	14.4	120 + 168
	25	55.0	300	15.0	120 + 180
	26	57.2	312	15.6	120 + 192
	27	59.4	324	16.2	120 + 204
	28	61.6	336	16.8	120 + 216
	29	63.8	348	17.4	120 + 228
	30	66.0	360	18.0	120 + 240
	31	68.2	372	18.6	120 + 252
	32	70.4	384	19.2	120 + 264
	33	72.6	396	19.8	120 + 276
	34	74.8	408	20.4	120 + 288
	35	77.0	420	21.0	120 + 300
	36	79.2	432	21.6	120 + 312
	37	81.4	444	22.2	120 + 324
	38	83.6	456	22.8	120 + 336
	39	85.8	468	23.4	120 + 348
	40	88.0	480	24.0	120 + 360
8 mg/kg	41	90.2	328	16.4	120 + 208
	42	92.4	336	16.8	120 + 216
	43	94.6	344	17.2	120 + 224
	44	96.8	352	17.6	120 + 232
	45	99.0	360	18.0	120 + 240
	46	101.2	368	18.4	120 + 248
	47	103.4	376	18.8	120 + 256
	48	105.6	384	19.2	120 + 264
	49	107.8	392	19.6	120 + 272
	50	110	400	20.0	120 + 280
	51	112.2	408	20.4	120 + 288
	52	114.4	416	20.8	120 + 296
	53	116.6	424	21.2	120 + 304
	54	118.8	432	21.6	120 + 312
	55	121	440	22.0	120 + 320
	56	123.2	448	22.4	120 + 328
	57	125.4	456	22.8	120 + 336
	58	127.6	464	23.2	120 + 344
	59	129.8	472	23.6	120 + 352
	60	132	480	24.0	120 + 360
	61	134.2	488	24.4	120 + 368
	62	136.4	496	24.8	120 + 376
	63	138.6	504	25.2	120 + 384
	64	140.8	512	25.6	120 + 392
	65	143	520	26.0	120 + 400
	66	145.2	528	26.4	120 + 408
	67	147.4	536	26.8	120 + 416
	68	149.6	544	27.2	120 + 424
	69	151.8	552	27.6	120 + 432
	70	154	560	28.0	120 + 440
	71	156.2	568	28.4	120 + 448
	72	158.4	576	28.8	120 + 456
	73	160.6	584	29.2	120 + 464
	74	162.8	592	29.6	120 + 472
	75	165	600	30.0	120 + 480
	76	167.2	608	30.4	120 + 488
	77	169.4	616	30.8	120 + 496
	78	171.6	624	31.2	120 + 504
	79	173.8	632	31.6	120 + 512
	80	176	640	32.0	120 + 520
	81	178.2	648	32.4	120 + 528
	82	180.4	656	32.8	120 + 536
	83	182.6	664	33.2	120 + 544
	84	184.8	672	33.6	120 + 552
	85	187	680	34.0	120 + 560
	86	189.2	688	34.4	120 + 568
	87	191.4	696	34.8	120 + 576
	88	193.6	704	35.2	120 + 584
	89	195.8	712	35.6	120 + 592
	90	198	720	36.0	120 + 600
	91	200.2	728	36.4	120 + 608
	92	202.4	736	36.8	120 + 616
	93	204.6	744	37.2	120 + 624
	94	206.8	752	37.6	120 + 632
	95	209	760	38.0	120 + 640
	96	211.2	768	38.4	120 + 648
	97	213.4	776	38.8	120 + 656
	98	215.6	784	39.2	120 + 664
	99	217.8	792	39.6	120 + 672
	≥100	≥220	800	40.0	120 + 680

### Infusion Reactions

During or within 24 hours of infusion, adverse events associated with infusion have been reported. 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. Appropriate treatment should be available for immediate use in the event of an anaphylactic reaction during treatment with RoACTEMRA. If an anaphylactic reaction or other serious hypersensitivity / serious infusion related reaction occurs, administration of RoACTEMRA should be stopped immediately and RoACTEMRA should be permanently discontinued.

## RoACTEMRA is available in 3 different dosing vials.

- 400 mg (20 mL)
- 200 mg (10 mL)
- 80 mg (4 mL)

### **PRESCRIBING INFORMATION RoACTEMRA®**

#### **(tocilizumab) Please refer to RoActemra SPC for full prescribing information. Indications:**

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 ponology 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 1.5g have not been evaluated. **sJIA:** Recommended ponology 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 2x10<sup>9</sup>/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 >3xULN; 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 <100x10<sup>9</sup>/L; monitor levels according to SPC. If reduced, follow recommendations for dose modification. Continued treatment not recommended in patients with ANC <0.5 x 10<sup>9</sup>/L or platelet count <50 x 10<sup>9</sup>/L. 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 100mg. **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 ADRs: hypercholesterolaemia. Common ADRs: cellulitis, pneumonia, oral herpes simplex, herpes zoster, abdominal pain, mouth ulceration, gastritis, rash, pruritis, urticaria, dizziness, weight increased, total bilirubin increased, ischaemic neuropathy, 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 2<sup>nd</sup>-4<sup>th</sup> 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 oritis 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. RoUMED000006a

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.uk/pub/adr.doc>.

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tocilizumab

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