Step-by-Step Dosing and Administration Guide

RoActemra® (tocilizumab) intravenous (IV) for patients with active polyarticular juvenile idiopathic arthritis (pJIA) or systemic juvenile idiopathic arthritis (sJIA).

RoActemra® (tocilizumab) subcutaneous (SC) for patients with pJIA.

A guide to assist healthcare professionals with the dose preparation and administration of RoActemra therapy in patients with active pJIA or sJIA

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pJIA and sJIA: Dosing, Preparation and Administration Guide with RoActemra IV

Indication for patients with pJIA

RoActemra in combination with methotrexate (MTX) is indicated for the treatment of juvenile idiopathic polyarthritis (pJIA) (rheumatoid factor positive or negative and extended oligoarthritis) in patients 2 years of age and older, who have responded inadequately to previous therapy with MTX. RoActemra can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate.

Indication for patients with sJIA

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 section will walk you through the RoActemra infusion process in 6 steps

Before therapy begins

Before beginning RoActemra therapy, it is important that you review the Package Leaflet and the ***What You Should Know About RoActemra*** Patient Brochure with the patient's parents, guardians/caregivers. These brochures contain valuable information that will help your patients and their parents/guardians/caregivers understand what they may expect from treatment with RoActemra.

Prior to each infusion, it is important that you review the ***Important Efficacy and Safety Information for Healthcare Professionals - sJIA and pJIA*** and discuss with the patient's parents, guardians/caregivers the information highlighted within the ***Patient Counselling Information and Laboratory Monitoring*** section. Allow ample time to discuss any questions they may have.

- RoActemra Patient Alert Cards and other information can be requested from your sales representative or Medical Information. If you have questions or concerns, please email medinfo.uk@roche.com or contact 0800 328 1629.
- For full information, see the Summary of Product Characteristics (SmPC) and the Package Leaflet, which can be found on the Electronic Medicines Compendium website (www.medicines.org.uk/emc)

1. Weigh patient and calculate RoActemra dose

pJIA dosing guide

RoActemra dosing is calculated based on each patient's weight. Verify the patient's weight, then locate it on the chart to find the corresponding dose and recommended vial combination.

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, contact the prescriber to discuss whether a dosing change is needed. Refer to the charts to check whether a dosing adjustment is necessary.

RoActemra IV dosing in pJIA patients based on each patient's weight as follows:

For patients weighing <30 kg:
Patient's weight (kg) x 10 mg/kg = RoActemra dose

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

Dosing is every 4 weeks

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 vials:

400 mg (20 ml) vials

200 mg (10 ml) vials

80 mg (4 ml) vials

pJIA dosing

	Weight (kg)	Weight (lbs)	Dose (mg)	Dose (ml)	Vial combinations
10 mg/kg	10	22.0	100	5.0	1 + 1
	12	26.4	120	6.0	1 + 1
	14	30.8	140	7.0	1 + 1
	16	35.2	160	8.0	1 + 1
	18	39.6	180	9.0	1
	20	44.0	200	10.0	1
	22	48.4	220	11.0	1 + 1 + 1
	24	52.8	240	12.0	1 + 1 + 1
	26	57.2	260	13.0	1 + 1
	28	61.6	280	14.0	1 + 1
8 mg/kg	30	66.0	240	12.0	1 + 1 + 1
	32	70.4	256	12.8	1 + 1
	34	74.8	272	13.6	1 + 1
	36	79.2	288	14.4	1 + 1 + 1 + 1
	38	83.6	304	15.2	1 + 1 + 1 + 1
	40	88.0	320	16.0	1 + 1 + 1 + 1
	42	92.4	336	16.8	1 + 1 + 1
	44	96.8	352	17.6	1 + 1 + 1
	46	101.2	368	18.4	1
	48	105.6	384	19.2	1
	50	110.0	400	20.0	1
	52	114.4	416	20.8	1 + 1 + 1 + 1
	54	118.8	432	21.6	1 + 1 + 1 + 1
	56	123.2	448	22.4	1 + 1
	58	127.6	464	23.2	1 + 1
	60	132.0	480	24.0	1 + 1
	62	136.4	496	24.8	1 + 1 + 1 + 1 + 1
	64	140.8	512	25.6	1 + 1 + 1 + 1 + 1
	66	145.2	528	26.4	1 + 1 + 1
	68	149.6	544	27.2	1 + 1 + 1
	70	154.0	560	28.0	1 + 1 + 1
	72	158.4	576	28.8	1 + 1
	74	162.8	592	29.6	1 + 1
	76	167.2	608	30.4	1 + 1 + 1 + 1
	78	171.6	624	31.2	1 + 1 + 1 + 1
	80	176.0	640	32.0	1 + 1 + 1 + 1
	82	180.4	656	32.8	1 + 1 + 1
	84	184.8	672	33.6	1 + 1 + 1
	86	189.2	688	34.4	1 + 1 + 1 + 1 + 1
	88	193.6	704	35.2	1 + 1 + 1 + 1 + 1
	90	198.0	720	36.0	1 + 1 + 1 + 1 + 1
	92	202.4	736	36.8	1 + 1 + 1 + 1
	94	206.8	752	37.6	1 + 1 + 1 + 1
	96	211.2	768	38.4	1 + 1
	98	215.6	784	39.2	1 + 1
	≥100	≥220.0	800	40.0	1 + 1

Inspect the vials for particulate matter and discolouration. Only solutions which are clear to opalescent, colourless to pale yellow and free of visible particles should be used.

sJIA dosing guide

RoActemra dosing is calculated based on each patient's weight. Verify the patient's weight, then locate it on the chart to find the corresponding dose and recommended vial combination.

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, contact the prescriber to discuss whether a dosing change is needed. Refer to the charts to check whether a dosing adjustment is necessary.

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

Dosing is every 2 weeks

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 vials:

400 mg (20 ml) vials

200 mg (10 ml) vials

80 mg (4 ml) vials

sJIA dosing

	Weight (kg)	Weight (lbs)	Dose (mg)	Dose (ml)	Vial combinations
12 mg/kg	10	22.0	120	6.0	1 + 1
	12	26.4	144	7.2	1 + 1
	14	30.8	168	8.4	1
	16	35.2	192	9.6	1
	18	39.6	216	10.8	1 + 1 + 1
	20	44.0	240	12.0	1 + 1 + 1
	22	48.4	264	13.2	1 + 1
	24	52.8	288	14.4	1 + 1 + 1 + 1
	26	57.2	312	15.6	1 + 1 + 1 + 1
	28	61.6	336	16.8	1 + 1 + 1
8 mg/kg	30	66.0	240	12.0	1 + 1 + 1
	32	70.4	256	12.8	1 + 1
	34	74.8	272	13.6	1 + 1
	36	79.2	288	14.4	1 + 1 + 1 + 1
	38	83.6	304	15.2	1 + 1 + 1 + 1
	40	88.0	320	16.0	1 + 1 + 1 + 1
	42	92.4	336	16.8	1 + 1 + 1
	44	96.8	352	17.6	1 + 1 + 1
	46	101.2	368	18.4	1
	48	105.6	384	19.2	1
	50	110.0	400	20.0	1
	52	114.4	416	20.8	1 + 1 + 1 + 1
	54	118.8	432	21.6	1 + 1 + 1 + 1
	56	123.2	448	22.4	1 + 1
	58	127.6	464	23.2	1 + 1
	60	132.0	480	24.0	1 + 1
	62	136.4	496	24.8	1 + 1 + 1 + 1 + 1
	64	140.8	512	25.6	1 + 1 + 1 + 1 + 1
	66	145.2	528	26.4	1 + 1 + 1
	68	149.6	544	27.2	1 + 1 + 1
	70	154.0	560	28.0	1 + 1 + 1
	72	158.4	576	28.8	1 + 1
	74	162.8	592	29.6	1 + 1
	76	167.2	608	30.4	1 + 1 + 1 + 1
	78	171.6	624	31.2	1 + 1 + 1 + 1
	80	176.0	640	32.0	1 + 1 + 1 + 1
	82	180.4	656	32.8	1 + 1 + 1
	84	184.8	672	33.6	1 + 1 + 1
	86	189.2	688	34.4	1 + 1 + 1 + 1 + 1
	88	193.6	704	35.2	1 + 1 + 1 + 1 + 1
	90	198.0	720	36.0	1 + 1 + 1 + 1 + 1
	92	202.4	736	36.8	1 + 1 + 1 + 1
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	96	211.2	768	38.4	1 + 1
	98	215.6	784	39.2	1 + 1
	≥100	≥220.0	800	40.0	1 + 1

Inspect the vials for particulate matter and discolouration. Only solutions which are clear to opalescent, colourless to pale yellow and free of visible particles should be used.

2. Gather all necessary supplies

You will need:

- RoActemra at room temperature
- Syringes and large-bore needles
- One primary infusion set
- One 50 ml (patients <30 kg) or 100 ml (patients ≥30 kg) bag of 0.9% (9 mg/ml) sterile, non-pyrogenic sodium chloride solution for injection
- One intravenous (IV) catheter
- Gauze
- Tourniquet
- Gloves
- Alcohol/cleansing wipes

3. Take baseline assessments

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

- Blood pressure
- Temperature
- Pulse

Also ask the patient's parents, guardian/caregivers or both, if the patient:

- Is taking other medicines. This includes prescription and non-prescription medications, vitamins and herbal supplements
- Is taking any other medication to treat pJIA and sJIA such as: Methotrexate (MTX), Enbrel® (etanercept), Humira® (adalimumab), Simponi® (golimumab) and Orencia® (abatacept)
- Has had any allergic reactions to previous medications, including RoActemra
- Is sexually active (if the patient is of childbearing age) and may be pregnant, intends to become pregnant or is breastfeeding
- Has an infection or is being treated for an infection; has had or now has hepatitis or any disease of the liver; has a history of stomach ulcers or diverticulitis; has had or now has impaired lung function (e.g. interstitial lung disease)
- Has diabetes or other underlying conditions that may predispose them to infections
- Is planning or is scheduled to have surgery; has had a recent vaccination (e.g. MMR) or is scheduled to have one
- Has cancer, cardiovascular risk factors such as raised blood pressure and raised cholesterol levels, or moderate to severe kidney function problems
- Has a history of macrophage activation syndrome (MAS; sJIA patients)

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4. Prepare the patient for the infusion

Review the Package Leaflet with the patient and their patient's parents, guardians/caregivers and answer any questions they may have.
RoActemra does not require premedication.

5. Prepare the RoActemra infusion

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

RoActemra is a ready-mix solution and requires no reconstitution. The expiry date should always be checked before use. The RoActemra concentrate for IV infusion should be diluted by a healthcare professional using aseptic technique.

- RoActemra should be refrigerated for storage and the fully diluted RoActemra solution should be allowed to reach room temperature before it is infused. After dilution, the prepared solution for infusion is physically and chemically stable in sodium chloride 9 mg/ml (0.9%) at 30ºC for 24 hours. From a microbiological point of view, the prepared solution for infusion should be used immediately. If not used immediately, in use storage times and conditions are the responsibility of the user and would normally be no longer than 24 hours at 2ºC–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	For patients ≥30 kg
pJIA	• From a 50 ml infusion bag, withdraw a volume of 0.9% (9 mg/ml) sterile, non-pyrogenic sodium chloride solution for injection equal to the volume of RoActemra concentrate required for the patient's dose • The required amount of RoActemra concentrate (0.5 ml/kg) should be withdrawn from the vial and placed in the 50 ml infusion bag. This should be a final volume of 50 ml	• From a 100 ml infusion bag, withdraw a volume of 0.9% (9 mg/ml) sterile, non-pyrogenic sodium chloride solution for injection equal to the volume of RoActemra concentrate required for the patient's dose • The required amount of RoActemra concentrate (0.4 ml/kg) should be withdrawn from the vial and placed in the 100 ml infusion bag. This should be a final volume of 100 ml
sJIA	• From a 50 ml infusion bag, withdraw a volume of 0.9% (9 mg/ml) sterile, non-pyrogenic sodium chloride solution for injection equal to the volume of RoActemra concentrate required for the patient's dose • The required amount of RoActemra concentrate (0.6 ml/kg) should be withdrawn from the vial and placed in the 50 ml infusion bag. This should be a final volume of 50 ml	• From a 100 ml infusion bag, withdraw a volume of 0.9% (9 mg/ml) sterile, non-pyrogenic sodium chloride solution for injection equal to the volume of RoActemra concentrate required for the patient's dose • The required amount of RoActemra concentrate (0.4 ml/kg) should be withdrawn from the vial and placed in the 100 ml infusion bag. This should be a final volume of 100 ml

- 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
- Parenteral medicinal products should be inspected visually for particulate matter and discolouration prior to administration. Only solutions which are clear to opalescent, colourless to pale yellow and free of visible particles should be diluted
- Dispose of needle and syringe in sharps containers when finished

6. 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's parents, guardians/caregivers that serious allergic reactions including anaphylaxis have been reported in association with RoActemra. Such reactions may be more severe, and potentially fatal, in patients who have experienced allergic reactions during previous treatment with RoActemra. Most allergic reactions occur during infusion or within 24 hours of RoActemra administration, although allergic reactions can occur at any time. If an anaphylactic reaction or other serious hypersensitivity reaction occurs, administration of RoActemra should be stopped immediately, appropriate therapy initiated and RoActemra should be permanently discontinued. Fatal anaphylaxis has been reported after marketing authorisation during treatment with RoActemra IV.

Instruct the patient's parents, guardians/caregivers to **seek immediate medical attention** if they notice any of the following signs or symptoms of systemic allergic reactions:

- Rash, itching or hives
- Shortness of breath or trouble breathing
- Swelling of the lips, tongue or face
- Chest pain
- Feeling dizzy or faint
- Severe stomach pain or vomiting
- Hypotension

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

Frequently asked questions: RoActemra IV

How do I store RoActemra vials?

RoActemra must be refrigerated at 2–8°C. Do not freeze. Protect the vials from light by storing 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 IV 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. However, an IV of medication-free 0.9% (9 mg/ml) sterile, non-pyrogenic sodium chloride solution should be administered to open and prepare the patient's vein for the infusion.

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) using aseptic technique.

- From a 50 or 100 ml infusion bag, withdraw a volume of 0.9% (9 mg/ml) sterile, non-pyrogenic sodium chloride solution for injection equal to the volume of the 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
- RoActemra should be refrigerated for storage and the fully diluted RoActemra solution should be allowed to reach room temperature before it is infused
- Parenteral medicinal products should be inspected visually for particulate matter and discolouration prior to administration. Only solutions which are clear to opalescent, colourless to pale yellow and free of visible particles should be diluted. The expiry date should always be checked before use
- Dispose of the needle and syringe in sharps containers when finished

What is the infusion duration?

RoActemra is administered over one hour. 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?

After dilution, the prepared solution for infusion is physically and chemically stable in sodium chloride 9 mg/ml (0.9%) at 30°C for 24 hours. From a microbiological point of view, the prepared solution for infusion should be used immediately. If not used immediately, in-use storage times and conditions are the responsibility of the user and would normally be no 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.

What should I look for during the infusion?

Watch the patient closely for any signs and symptoms of hypersensitivity, including anaphylaxis. Most allergic reactions occur during infusion or within 24 hours of RoActemra administration, although allergic reactions can occur at any time. If an anaphylactic reaction or other serious hypersensitivity reaction occurs, administration of RoActemra should be stopped immediately, appropriate therapy initiated and RoActemra should be permanently discontinued.

Instruct the patient's parents, guardians/caregivers or both, to **seek immediate medical attention** if they notice any of the following signs or symptoms of systemic allergic reactions:

- Rash, itching or hives
- Shortness of breath or trouble breathing
- Swelling of the lips, tongue or face
- Chest pain
- Feeling dizzy or faint
- Severe stomach pain or vomiting
- Hypotension

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

In pJIA

The most common side effects with RoActemra are upper respiratory tract infections (common cold, sinus infections), headache, temporary increases in blood pressure, rash and dizziness.

Infusion-related reactions are defined as all events occurring during or within 24 hours of an infusion. Following 184.4 patient-years of exposure with RoActemra in pJIA patients, 11 patients (5.9%) experienced infusion reactions during the infusion and 38 patients (20.2%) experienced an event within 24 hours of an infusion.

The most common events occuring during infusion were headache, nausea and hypotension, and those within 24 hours of infusion were dizziness and hypotension. In general, the adverse drug reactions observed during or within 24 hours of an infusion were similar in nature to those seen in rheumatoid arthritis (RA) and systemic juvenile idiopathic arthritis (sJIA) patients.

No clinically significant hypersensitivity reactions requiring treatment discontinuation were reported during the clinical programme.

In sJIA

The most common side effects with RoActemra are upper respiratory tract infections, nasopharyngitis, headache, hypertension and increased alanine transamine (ALT) levels.

Infusion-related reactions are defined as all events occurring during or within 24 hours of an infusion. In the 12-week controlled clinical study, 4% of patients from the RoActemra group experienced events occurring during infusion. One event (angioedema) was considered serious and life-threatening, and the patient was discontinued from study treatment.

In the RoActemra group, 16% of patients experienced an event within 24 hours of infusion compared to 5.4% of patients in the placebo group during the 12-week clinical study. In the RoActemra group, the events included, but were not limited to, rash, urticaria, diarrhea, 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% (1 out of 112) patients treated with RoActemra during the controlled and open-label clinical study.

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 4 weeks?

RoActemra should be administered once every 4 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 discuss the Patient information Leaflet (PIL) and the ***What you should know about RoActemra*** patient brochure with the patient's parents, guardians/ caregivers. These brochures contain valuable information that will help your patients and their parents/guardians understand what they may expect from their treatment with RoActemra. All patients treated with RoActemra should be given the patient alert card.

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

For full information, see the Summary of Product Characteristics (SmPC) and the PIL, which can be found on the Electronic Medicines Compendium website (www.medicines.org.uk/emc)

If your patient would like more information about RoActemra, please direct them to the PIL or contact at medinfo.uk@roche.com or call 0800 328 1629.

Part II - Subcuteneous (SC) administration of RoActemra by injection using a pre-filled syringe

pJIA: Dosing, Preparation and Administration Guide with RoActemra SC

Indication for patients with pJIA

RoActemra in combination with MTX is indicated for the treatment of pJIA (rheumatoid factor positive or negative and extended oligoarthritis) in patients 2 years of age and older, who have responded inadequately to previous therapy with MTX. RoActemra can be given as monotherapy on case of intolerance to MTX or where continued treatment with MTX is inappropriate.

This section will walk you through the RoActemra injection process using a pre-filled syringe in 4 steps

Before therapy begins

Before beginning RoActemra therapy, it is important the you review the Package Leaflet and the ***What You Should Know About RoActemra*** Patient Brochure with the patient and the patient's parents/guardians. These brochures contain valuable information that will help your patients and their parents/guardians understand what they may expect from treatment with RoActemra.

Prior to each infusion, it is important that you review the ***Important Efficacy and Safety Information Healthcare Professional Brochure - pJIA and sJIA*** and discuss with the patient's parents, guardians/ caregivers the information highlighted within the ***Patient Counselling Information*** and ***Laboratory Monitoring*** section. 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 or concerns, please email medinfo.uk@roche.com or contact 0800 328 1629.
- For full information, see the Summary of Product Characteristics (SmPC) and the Package Leaflet, which can be found on the Electronic Medicines Compendium website (www.medicines.org.uk/emc)

1. Gather all necessary supplies

You will need:

- One RoActemra pre-filled syringe at room temperature
- A well-lit, clean, flat surface
- Sharps container
- Alcohol pad/cleansing wipes
- Sterile cotton ball or gauze
- Clock or watch

2. Take baseline assessments

Prior to initiation, it is important to take baseline assessments to ensure the patient is healthy enough to receive the injection.

Vital signs should include:

- Blood pressure
- Temperature
- Pulse

Also ask the patient's parents, guardian/caregiver, if the patient:

- Is taking other medicines. This includes prescription and non-prescription medications, vitamins and herbal supplements
- Is taking any other medications to treat pJIA such as: Methotrexate (MTX), Enbrel® (etanercept), Humira® (adalimumab), Simponi® (golimumab) and Orencia® (abatacept)
- Has had any allergic reactions to previous medications, including RoActemra
- Is pregnant, might be pregnant, intend to become pregnant, or is breast feeding
- Has an infection or is being treated for an infection; has had or now has hepatitis or any disease of the liver; has a history of gastrointestinal ulcers or diverticulitis; has had or now has impaired lung function (e.g. interstitial lung disease)
- Has diabetes or other underlying conditions that may predispose them to infections
- Is planning or is scheduled to have surgery; has had a recent vaccination or is scheduled to have one
- Has cancer, cardiovascular risk factors, such as raised blood pressure and raised cholesterol levels, or moderate to severe kidney function problems

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3. Preparation for injection with the pre-filled syringe

- Prior to the injection, inform the patient's parents, guardians/caregivers that serious allergic reactions including anaphylaxis have been reported in association with RoActemra. Such reactions may be more severe, and potentially fatal in patients who have experienced allergic reactions during previous treatment with RoActemra even if they have received premedication with steroids and antihistamines. Most allergic reactions occur within 24 hours of RoActemra administration, although allergic reactions can occur at any time. Fatal anaphylaxis has been reported after marketing authorisation during treatment with RoActemra IV
- If an anaphylactic reaction or other serious hypersensitivity reaction occurs, administration of RoActemra should be stopped immediately, appropriate therapy initiated and RoActemra should be permanently discontinued

3. Preparation for injection with the pre-filled syringe

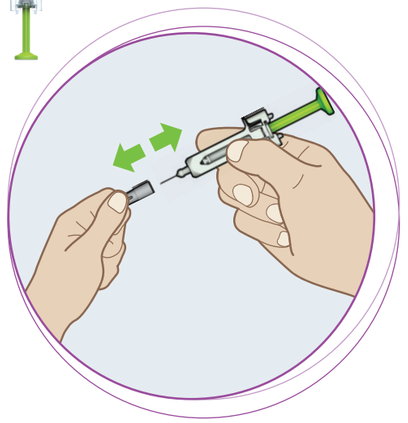
- RoActemra 162 mg is supplied in 0.9 ml of solution for injection as a pack of 4 single-use pre-filled syringes. The pre-filled syringes should be stored at 2–8°C and should not be frozen. They should be kept in the outer carton to protect them from light and should be kept dry. The pre-filled syringes should be kept out of sight and reach of children. The expiry date should always be checked before use.
- Inspect the pre-filled syringe visually for particulate matter and discolouration prior to administration and check the expiration date. Do not use if the medicine has expired, is cloudy or contains particles, is any colour besides colourless to slightly yellowish, or if any part of the pre-filled syringe appears to be damaged
- Once removed from the refrigerator, RoActemra 162 mg/0.9 ml must be administered within 8 hours and should not be kept above 30°C
- After removing from the refrigerator, the pre-filled syringe should be allowed to reach room temperature (18–28ºC) by waiting for 25 to 30 minutes before injecting RoActemra 162 mg/0.9 ml. Do not warm up the pre-filled syringe in any other way
- The pre-filled syringe should not be shaken
- Wash your hands with soap and water
- Choose and prepare an injection site, preferably the front or middle of the thigh or lower part of the abdomen below the navel (except for the five centimetre area directly around the navel). If a care giver is giving the injection, the outer area of the upper arms may also be used. Clean injection site with an alcohol pad. Let the skin dry for approximately 10 seconds. A different site should be used for subsequent injections
- Injections should never be given in moles, scars or areas where the skin is tender, bruised, red, hard, swollen or not intact. Do not inject into areas that could be bothered by a belt or waistband

- Patient's parents, guardians/caregivers should be assessed for their suitability to use RoActemra SC at home. Patient's parents, guardians/caregivers who are administering RoActemra at home, should be advised to **seek immediate medical attention** if the patient experiences any of the following signs or symptoms of systemic allergic reactions after receiving RoActemra:
  - Rash, itching or hives
  - Shortness of breath or trouble breathing
  - Swelling of the lips, tongue or face
  - Chest pain
  - Feeling dizzy or faint
  - Severe stomach pain or vomiting
  - Hypotension

If your patient has experienced any allergic reaction symptoms after their last dose of RoActemra they must NOT administer the next dose until they have informed you (their doctor/HCP) and you have told them to take the next dose.

- Inform the patient's parents, guardians/caregivers prior to the injection, of potential injection site reactions. Most injection site reactions are mild-to-moderate in severity, do not necessitate drug discontinuation and usually resolve spontaneously. Injection site reaction symptoms include:
  - Erythema
  - Pruritus
  - Pain
  - Haematoma

4. Administering the injection with the pre-filled syringe



Step 1 – Remove needle cap

When ready to inject, firmly grip the syringe with one hand and pull the cap straight off with the other hand. Discard the cap. Do not pull or press the plunger, and do not shake the pre-filled syringe. After removing the needle cap, the injection must be started within **5 minutes** to prevent the medicine from drying out and blocking the needle. If the pre-filled syringe is not used within 5 minutes of removing the cap, you must dispose of it in a puncture resistant container and use a new pre-filled syringe. A small drop of liquid at the needle tip is normal.

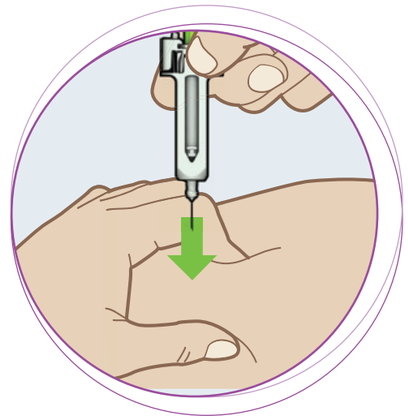
Never re-attach the needle cap after removal.

Step 2 – Pinch skin and insert needle, release skin

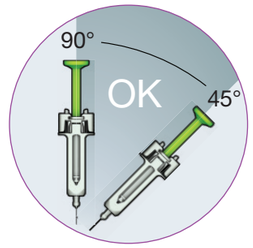
Pinch the skin at the injection site to provide a firm surface for injection.

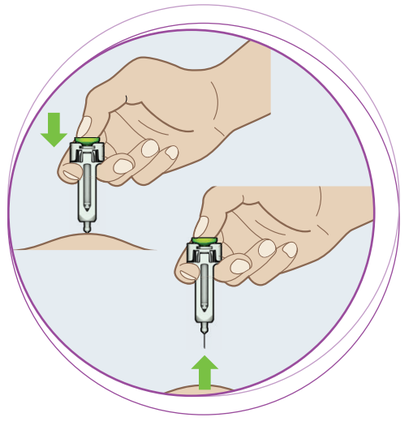
Insert the needle with a quick, firm action. The needle must be inserted all the way in at an angle between 45° and 90°.

Keep the syringe in position and release the pinched skin.



It is important to choose the correct angle (between 45° and 90°) to ensure the medication is delivered under the skin, otherwise the injection could be painful and the medication may not be administered correctly.





Step 3 – Slowly press down all the way then remove

Slowly inject all the medicine by gently pushing the plunger all the way down.

Keep an even pressure on the plunger and don't release the pressure once the injection has started.

Once the plunger is pushed all the way down, keep pressing down on the plunger to be sure all of the medicine is injected before taking the needle out of the skin.

Keep pressing down on the plunger while you take the needle out of the skin at the same angle as inserted.

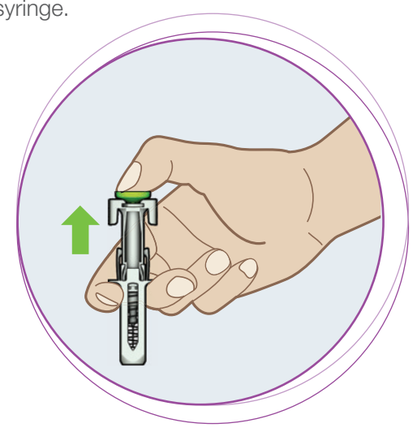
If, following insertion of the needle, you cannot depress the plunger, you must dispose of the pre-filled syringe in a puncture resistant container and use a new pre-filled syringe.

Step 4 – Release plunger and dispose

Once the needle is completely removed from the skin, release the plunger. This will automatically activate the needle shield.

Press gently on the injection area with a cotton wool ball or gauze swab.

Throw away the used syringe in a sharps container.



If the plunger is not fully depressed the needle shield will not extend to cover the needle when it is removed, and the patient may not have received the full dose of RoActemra:

- **Do not** touch the needle shield of the pre-filled syringe to avoid a needle-stick injury
- **Do not** try to re-use the pre-filled syringe
- **Do not** repeat the injection with another pre-filled syringe

Frequently asked questions: RoActemra SC

How is the RoActemra pre-filled syringe supplied?

RoActemra 162 mg is supplied in 0.9 ml of solution for injection as a pack of 4 single-use pre-filled syringes.

How do I store the RoActemra pre-filled syringe?

The pre-filled syringes should be stored at 2–8°C and should not be frozen. They should be kept in the outer carton to protect them from light and should be kept dry. The pre-filled syringes should be kept out of sight and reach of children.

How do I prepare the RoActemra pre-filled syringe for injection?

Do not shake the pre-filled syringe. Inspect the pre-filled syringe visually through the viewing window for particulate matter and discolouration prior to administration and check the expiration date. Do not use if the medicine is cloudy or contains particles, is any colour besides colourless to slightly yellowish, or if any part of the pre-filled syringe appears to be damaged. Once removed from the refrigerator, RoActemra 162 mg/0.9 ml must be administered within 8 hours and should not be kept above 30°C.

- After removing from the refrigerator, the pre-filled syringe must be allowed to reach room temperature (18–28ºC) by waiting at least 25–30 minutes before injecting RoActemra 162 mg/0.9 ml. Do not warm up the pre-filled syringe in any other way.

How do I prepare for injection and choose an appropriate injection site?

Wash your hands with soap and water. Choose an injection site, preferably the middle of the front thigh or lower part of the abdomen below the navel (except for the five centimetre area directly around the navel). If a care giver is giving the injection, the outer area of the upper arms may also be used. Clean the injection site with an alcohol pad. Let the skin dry for approximately 10 seconds. A different site should be used for subsequent injections. Do not inject into moles, scars, or areas where the skin is tender, bruised, red, hard, swollen or not intact. Do not inject into areas that could be bothered by a belt or waistband.

What do I need to inform the patient of prior to injection?

Parents, guardians or caregivers should be assessed for their suitability to use RoActemra SC at home. Prior to the injection, inform them that serious allergic reactions including anaphylaxis have been reported in association with RoActemra. Such reactions may be more severe, and potentially fatal in patients who have experienced allergic reactions during previous treatment with RoActemra even if they have received premedication with steroids and antihistamines. Most allergic reactions occur within 24 hours of RoActemra administration, although allergic reactions can occur at any time. Fatal anaphylaxis has been reported after marketing authorisation during treatment with RoActemra IV.

- Parents, guardians/caregivers who are administering RoActemra to patients with pJIA, should be advised to **seek immediate medical attention** if the patient experiences any of the following signs or symptoms of systemic allergic reactions after receiving RoActemra:

- Rash, itching or hives
- Shortness of breath or trouble breathing
- Swelling of the lips, tongue or face
- Chest pain
- Feeling dizzy or faint
- Severe stomach pain or vomiting
- Hypotension

If your patient has experienced any allergic reaction symptoms after their last dose of RoActemra they must NOT be administered the next dose until you (their doctor/HCP) have been been informed and you have told them to take the next dose.

- Inform parents, guardians or caregivers, prior to the injection of potential injection site reactions. Most injection site reactions are mild-to-moderate in severity, do not necessitate drug discontinuation and usually resolve spontaneously. Injection site reaction symptoms include:

- Erythema
- Pruritus
- Pain
- Haematoma

What should I look for during and after the injection?

If the injection is administered at the clinic, watch the patient closely for any immediate signs or symptoms of an allergic reaction. If an anaphylactic reaction or other serious hypersensitivity reaction occurs, administration of RoActemra should be stopped immediately, appropriate therapy initiated and RoActemra should be permanently discontinued.

How do I open the pre-filled syringe?

Firmly grip the syringe with one hand and pull the cap straight off with the other hand. After removing the needle cap, the injection must be started within 5 minutes to prevent the medicine from drying out and blocking the needle. If the pre-filled syringe is not used within 5 minutes of removing the cap, you must dispose of it in a puncture resistant container and use a new pre-filled syringe. Never re-attach the needle cap after removal.

How do I start the injection with the pre-filled syringe?

Pinch the skin at the injection site to provide a firm surface for injection. Insert the needle with a quick, firm action. The needle must be inserted all the way in at an angle between 45° and 90°. Keep the syringe in position and release the pinched skin.

How should I inject the medicine?

Slowly inject all the medicine by gently pushing the plunger all the way down. When the plunger is all the way down, keep pressing down to be sure all the medication has been injected.

If, following insertion of the needle, you cannot depress the plunger, you must dispose of the pre-filled syringe in a puncture resistant container and use a new pre-filled syringe.

How should I remove the needle from the skin?

Keep the plunger pushed down while you take the needle out of the skin at the same angle it was inserted.

What should I do when the needle is completely removed from the skin?

Once the needle is completely removed from the skin, release the plunger, allowing the needle-shield to protect the needle. Throw away the used syringe in a sharps container.

If your patient's parent, guardian/caregiver. would like more information about RoActemra, please direct them to the Patient Information Leaflet or contact medinfo.uk@roche.com or to call 0800 328 1629.

For full information, see the Summary of Product Characteristics (SmPC) and the Package Leaflet, which can be found on the on the Electronic Medicines Compendium (EMC) website: www.medicines.org.uk/emc

Reporting suspected adverse reactions after authorisation of the medicinal product is important.
It allows continued monitoring of the benefit/risk balance of the medicinal product.
Reporting forms and information can be found at www.medicinesauthority.gov.mt/adrportal.
Adverse events should also be reported to Roche Products Ltd. Please contact Roche Drug Safety Centre by emailing welwyn.uk_dsc@roche.com or calling +44(0)1707 367554.

As RoActemra is a biological medicine, healthcare professionals should report adverse reactions by brand name and batch number.

Notes

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