

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	2x 30mL	
	11	24.2	132	6.6	2x 30mL	
	12	26.4	144	7.2	2x 30mL	
	13	28.6	156	7.8	2x 30mL	
	14	30.8	168	8.4	2x 30mL	
	15	33.0	180	9.0	2x 30mL	
	16	35.2	192	9.6	2x 30mL	
	17	37.4	204	10.2	2x 30mL	
	18	39.6	216	10.8	2x 30mL	
	19	41.8	228	11.4	2x 30mL	
	20	44.0	240	12.0	2x 30mL	
	21	46.2	252	12.6	2x 30mL	
	22	48.4	264	13.2	2x 30mL	
	23	50.6	276	13.8	2x 30mL	
	24	52.8	288	14.4	2x 30mL	
	25	55.0	300	15.0	2x 30mL	
	26	57.2	312	15.6	2x 30mL	
	27	59.4	324	16.2	2x 30mL	
	28	61.6	336	16.8	2x 30mL	
	29	63.8	348	17.4	2x 30mL	
	30	66.0	360	18.0	2x 30mL	
	8 mg/kg	31	68.2	248	12.4	2x 30mL
		32	70.4	256	12.8	2x 30mL
		33	72.6	264	13.2	2x 30mL
		34	74.8	272	13.6	2x 30mL
		35	77.0	280	14.0	2x 30mL
		36	79.2	288	14.4	2x 30mL
		37	81.4	296	14.8	2x 30mL
		38	83.6	304	15.2	2x 30mL
		39	85.8	312	15.6	2x 30mL
40		88.0	320	16.0	2x 30mL	
41		90.2	328	16.4	2x 30mL	
42		92.4	336	16.8	2x 30mL	
43		94.6	344	17.2	2x 30mL	
44		96.8	352	17.6	2x 30mL	
45		99.0	360	18.0	2x 30mL	
46		101.2	368	18.4	2x 30mL	
47		103.4	376	18.8	2x 30mL	
48		105.6	384	19.2	2x 30mL	
49		107.8	392	19.6	2x 30mL	
50		110	400	20.0	2x 30mL	
51		112.2	408	20.4	2x 30mL	
52		114.4	416	20.8	2x 30mL	
53		116.6	424	21.2	2x 30mL	
54		118.8	432	21.6	2x 30mL	
55		121	440	22.0	2x 30mL	
56		123.2	448	22.4	2x 30mL	
57		125.4	456	22.8	2x 30mL	
58		127.6	464	23.2	2x 30mL	
59		129.8	472	23.6	2x 30mL	
60		132	480	24.0	2x 30mL	
61	134.2	488	24.4	2x 30mL		
62	136.4	496	24.8	2x 30mL		
63	138.6	504	25.2	2x 30mL		
64	140.8	512	25.6	2x 30mL		
65	143	520	26.0	2x 30mL		
66	145.2	528	26.4	2x 30mL		
67	147.4	536	26.8	2x 30mL		
68	149.6	544	27.2	2x 30mL		
69	151.8	552	27.6	2x 30mL		
70	154	560	28.0	2x 30mL		
71	156.2	568	28.4	2x 30mL		
72	158.4	576	28.8	2x 30mL		
73	160.6	584	29.2	2x 30mL		
74	162.8	592	29.6	2x 30mL		
75	165	600	30.0	2x 30mL		
76	167.2	608	30.4	2x 30mL		
77	169.4	616	30.8	2x 30mL		
78	171.6	624	31.2	2x 30mL		
79	173.8	632	31.6	2x 30mL		
80	176	640	32.0	2x 30mL		
81	178.2	648	32.4	2x 30mL		
82	180.4	656	32.8	2x 30mL		
83	182.6	664	33.2	2x 30mL		
84	184.8	672	33.6	2x 30mL		
85	187	680	34.0	2x 30mL		
86	189.2	688	34.4	2x 30mL		
87	191.4	696	34.8	2x 30mL		
88	193.6	704	35.2	2x 30mL		
89	195.8	712	35.6	2x 30mL		
90	198	720	36.0	2x 30mL		
91	200.2	728	36.4	2x 30mL		
92	202.4	736	36.8	2x 30mL		
93	204.6	744	37.2	2x 30mL		
94	206.8	752	37.6	2x 30mL		
95	209	760	38.0	2x 30mL		
96	211.2	768	38.4	2x 30mL		
97	213.4	776	38.8	2x 30mL		
98	215.6	784	39.2	2x 30mL		
99	217.8	792	39.6	2x 30mL		
≥100	>220	800	40.0	2x 30mL		

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. 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 poxology 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 12g have not been evaluated. **sJIA:** Recommended poxology 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 >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 <100x10⁹/L, monitor levels according to SPC. If reduced, follow recommendations for dose modification. Continued treatment not recommended in patients with ANC <0.5x10⁹/L or platelet count <50x10⁹/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: URI, 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, pruritus, urticaria, dizziness, weight increased, total bilirubin increased, ischaemic 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. Of 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-4th 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, IgM 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 Base NHS Costs:** 50mg 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. RoUKMED000066

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>. Date of preparation: August 2011. RoUKACTE02256a

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tocilizumab

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