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

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

Please refer to the Summary of Product Characteristics.

	Weight (kg)	Weight (lbs)	Dose (mg)	Dose (mL)	Vial combinations
12 mg/kg	10	22.0	120	6.0	80 + 80
	11	24.2	132	6.6	80 + 80
	12	26.4	144	7.2	80 + 80
	13	28.6	156	7.8	80 + 80
	14	30.8	168	8.4	200
	15	33.0	180	9.0	200
	16	35.2	192	9.6	200
	17	37.4	204	10.2	80 + 80 + 80
	18	39.6	216	10.8	80 + 80 + 80
	19	41.8	228	11.4	80 + 80 + 80
	20	44.0	240	12.0	80 + 80 + 80
	21	46.2	252	12.6	200 + 80
	22	48.4	264	13.2	200 + 80
	23	50.6	276	13.8	200 + 80
	24	52.8	288	14.4	80 + 80 + 80 + 80
	25	55.0	300	15.0	80 + 80 + 80 + 80
	26	57.2	312	15.6	80 + 80 + 80 + 80
	27	59.4	324	16.2	200 + 80 + 80
	28	61.6	336	16.8	200 + 80 + 80
	29	63.8	348	17.4	200 + 80 + 80
	30	66.0	240	12.0	80 + 80 + 80
	31	68.2	248	12.4	200 + 80
	32	70.4	256	12.8	200 + 80
	33	72.6	264	13.2	200 + 80
	34	74.8	272	13.6	200 + 80
	35	77.0	280	14.0	200 + 80
	36	79.2	288	14.4	80 + 80 + 80 + 80
	37	81.4	296	14.8	80 + 80 + 80 + 80
	38	83.6	304	15.2	80 + 80 + 80 + 80
	39	85.8	312	15.6	80 + 80 + 80 + 80
	40	88.0	320	16.0	80 + 80 + 80 + 80
	41	90.2	328	16.4	200 + 80 + 80
	42	92.4	336	16.8	200 + 80 + 80
	43	94.6	344	17.2	200 + 80 + 80
	44	96.8	352	17.6	200 + 80 + 80
	45	99.0	360	18.0	200 + 80 + 80
	46	101.2	368	18.4	400
	47	103.4	376	18.8	400
	48	105.6	384	19.2	400
	49	107.8	392	19.6	400
	50	110	400	20.0	400
	51	112.2	408	20.4	200 + 80 + 80 + 80
	52	114.4	416	20.8	200 + 80 + 80 + 80
	53	116.6	424	21.2	200 + 80 + 80 + 80
	54	118.8	432	21.6	200 + 80 + 80 + 80
	55	121	440	22.0	200 + 80 + 80 + 80
8 mg/kg	56	123.2	448	22.4	400 + 80
	57	125.4	456	22.8	400 + 80
	58	127.6	464	23.2	400 + 80
	59	129.8	472	23.6	400 + 80
	60	132	480	24.0	400 + 80
	61	134.2	488	24.4	200 + 80 + 80 + 80 + 80
	62	136.4	496	24.8	200 + 80 + 80 + 80 + 80
	63	138.6	504	25.2	200 + 80 + 80 + 80 + 80
	64	140.8	512	25.6	200 + 80 + 80 + 80 + 80
	65	143	520	26.0	200 + 80 + 80 + 80 + 80
	66	145.2	528	26.4	400 + 80 + 80
	67	147.4	536	26.8	400 + 80 + 80
	68	149.6	544	27.2	400 + 80 + 80
	69	151.8	552	27.6	400 + 80 + 80
	70	154	560	28.0	400 + 80 + 80
	71	156.2	568	28.4	400 + 200
	72	158.4	576	28.8	400 + 200
	73	160.6	584	29.2	400 + 200
	74	162.8	592	29.6	400 + 200
	75	165	600	30.0	400 + 200
	76	167.2	608	30.4	400 + 80 + 80 + 80
	77	169.4	616	30.8	400 + 80 + 80 + 80
	78	171.6	624	31.2	400 + 80 + 80 + 80
	79	173.8	632	31.6	400 + 80 + 80 + 80
	80	176	640	32.0	400 + 80 + 80 + 80
	81	178.2	648	32.4	400 + 200 + 80
	82	180.4	656	32.8	400 + 200 + 80
	83	182.6	664	33.2	400 + 200 + 80
	84	184.8	672	33.6	400 + 200 + 80
	85	187	680	34.0	400 + 200 + 80
	86	189.2	688	34.4	400 + 80 + 80 + 80 + 80
	87	191.4	696	34.8	400 + 80 + 80 + 80 + 80
	88	193.6	704	35.2	400 + 80 + 80 + 80 + 80
	89	195.8	712	35.6	400 + 80 + 80 + 80 + 80
	90	198	720	36.0	400 + 80 + 80 + 80 + 80
	91	200.2	728	36.4	400 + 200 + 80 + 80
	92	202.4	736	36.8	400 + 200 + 80 + 80
	93	204.6	744	37.2	400 + 200 + 80 + 80
	94	206.8	752	37.6	400 + 200 + 80 + 80
	95	209	760	38.0	400 + 200 + 80 + 80
	96	211.2	768	38.4	400 + 400
	97	213.4	776	38.8	400 + 400
	98	215.6	784	39.2	400 + 400
	99	217.8	792	39.6	400 + 400
	≥100	≥220	800	40.0	400 + 400

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
Please refer to RoActemra SPC for full prescribing information.
Indications: Rheumatoid Arthritis (RA): RoActemra, in combination with methotrexate (MTX), is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have either responded inadequately to, or who were intolerant to, previous therapy with one or more disease-modifying anti-rheumatic drugs (DMARDs) or tumour necrosis factor (TNF) antagonists. In these patients, RoActemra can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate. 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. **Systemic juvenile idiopathic arthritis (sJIA):** Indicated for the treatment of active 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) or in combination with MTX. **Dosage and Administration:** Patients should be given the Patient Alert Card. **RA:** 8 mg/kg iv infusion given once every 4 weeks. Doses exceeding 800 mg per infusion are not recommended. **sJIA:** 8 mg/kg for patients weighing ≥ 30 kg or 12 mg/kg for patients weighing < 30 kg, given as iv infusion every 2 weeks. **Dose adjustments: RA:** Dose reduction to 4 mg/kg, or interruptions, are recommended in the event of raised liver enzymes, low absolute neutrophil count (ANC) or low platelet count. RoActemra should not be initiated in patients with ANC count below 2 x 10^9/l. **sJIA:** Interrupt treatment in the event of raised liver enzymes, low ANC or low platelet count; dose reductions have not been studied in these patients. **Contraindications:** Hypersensitivity to any component of the product; active, severe infections. **Precautions: Both indications:** *Infections:* Cases of serious and sometimes fatal infections have been reported; interrupt therapy until controlled. Caution in patients with recurring/chronic infections, or other conditions which may predispose to infection. *Tuberculosis:* Screen for and treat latent TB prior to starting therapy. *Hypersensitivity reactions:* Serious hypersensitivity reactions have been reported and may be more severe and potentially fatal in patients who have experienced hypersensitivity reactions with previous infusions even if they have received premedication with steroids and antihistamines. Appropriate treatment should be available for immediate use if anaphylaxis occurs. If an anaphylactic reaction or other serious hypersensitivity/serious infusion related reaction occurs, permanently discontinue RoActemra. *Hepatic disease/impairment:* Use with caution in patients with active hepatic disease/impairment. *Transaminase elevations:* Not recommended in patients with ALT or AST > 5 x ULN; caution in patients with ALT or AST > 1.5 x ULN. *Haematological abnormalities:* Caution in patients with platelet count < 100 x 10^3/µl. Continued treatment not recommended in patients with ANC < 0.5 x 10^9/l or platelet count < 50 x 10^3/µl. *Lipid parameters:* If elevated, follow local guidelines for managing hyperlipidaemia. *Vaccinations:* Live and live attenuated vaccines should not be given concurrently. *Combined with other biologic treatments:* Not recommended. **RA only:** *Viral reactivation:* Has been reported with biologics. *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 other medicines which are metabolised via CYP450 3A4, 1A2, or 2C9 should be monitored as doses may need to be adjusted. **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:** *Very common ADRs (≥ 1/10):* URTI, hypercholesterolaemia. *Common ADRs (≥ 1/100 to < 1/10):* cellulitis, pneumonia, oral herpes simplex, herpes zoster, abdominal pain, mouth ulceration, gastritis, rash, pruritus, urticaria, headache, dizziness, increased hepatic transaminases, increased weight and increased total bilirubin, hypertension, leukopenia, neutropenia, peripheral oedema, hypersensitivity reactions, conjunctivitis, cough, dyspnoea. *Medically significant events: Infections:* Opportunistic and serious infections have been reported, some serious infections had a fatal outcome. Impaired lung function may increase the risk of developing infections. There have been post-marketing reports of interstitial lung disease, some of which had a fatal outcome. *GI perforations:* Primarily reported as complications of diverticulitis. *Infusion reactions:* Clinically significant hypersensitivity reactions requiring treatment discontinuation were reported and 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:* A hypersensitivity reaction that resulted in treatment discontinuation occurred in one out of 112 patients (< 1%). *Other:* decreased neutrophil count, decreased platelet count, decreased IgG, hepatic transaminase elevations, lipid parameter increases. Consult SPC for other ADRs. **Legal category:** POM. **Presentations and Basic NHS Costs:** 80 mg of tocilizumab in 4 ml (20 mg/ml) 1 vial: £102.40, 20 mg of tocilizumab in 10 ml (20 mg/ml) 1 vial: £256.00, 400 mg of tocilizumab in 20 ml (20 mg/ml) 1 vial: £512.00. **Marketing Authorisation Numbers:** EU/1/08/492/01 (80 mg), EU/1/08/492/03 (200 mg), EU/1/08/492/05 (400 mg). **Marketing Authorisation Holder:** Roche Registration Limited, 6 Falcon Way, Welwyn Garden City, Herts AL7 1TW. RoActemra is a registered trade mark. **Date of Preparation:** June 2012. RCUKMEDI00010

Adverse events should be reported to Roche Products Limited.
Please contact the Drug Safety Centre, Roche Products Limted, 6 Falcon Way, Shire Park, Welwyn Garden City, Hertfordshire, England. Telephone number +44 1707 367554.
Adverse events may otherwise be reported via the national Adverse Drug Reactions (ADRs) reporting system. Reporting forms and information can be found at:
http://medicinesauthority.gov.mt/phvigilance.htm

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