

A photograph of a woman and a young girl in a kitchen. The woman, on the left, has blonde hair in a ponytail and is wearing a patterned grey and white top over an orange shirt. She is smiling and looking at the girl. The girl, on the right, has long blonde hair and is wearing a yellow shirt. They are both looking at strawberries on a cutting board. There are bowls of strawberries on the counter. The background shows a kitchen sink and a window with a view of greenery.

What you should know about **RoACTEMRA**

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IMPORTANT SAFETY INFORMATION

Therapeutic indications

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.

Contraindications

Hypersensitivity to the active substance or to any of the excipients.

Active, severe infections.

Infections

RoACTEMRA treatment should not be initiated in patients with active infections. Administration of RoACTEMRA should be interrupted if a patient develops a serious infection until the infection is controlled. Healthcare professionals should exercise caution when considering the use of RoACTEMRA in patients with a history of recurring or chronic infections or with underlying conditions (eg, diverticulitis, diabetes) which may predispose patients to infections.

Vigilance for the timely detection of serious infection is recommended for patients receiving biological treatments for moderate to severe RA as signs and symptoms of acute inflammation may be lessened, associated with suppression of the acute phase reaction. The effects of RoACTEMRA on C-reactive protein (CRP), neutrophils and signs and symptoms of infection should be considered when evaluating a patient for a potential infection. Patients should be instructed to

contact their healthcare professional immediately when any symptoms suggesting infection appear, in order to assure rapid evaluation and appropriate treatment.

Tuberculosis

As recommended for other biological treatments in RA, patients should be screened for latent tuberculosis (TB) infection prior to starting RoACTEMRA therapy. Patients with latent TB should be treated with standard anti-mycobacterial therapy before initiating RoACTEMRA.

Complications of diverticulitis

Events of diverticular perforations as complications of diverticulitis have been reported uncommonly with RoACTEMRA. RoACTEMRA should be used with caution in patients with previous history of intestinal ulceration or diverticulitis. Patients presenting with symptoms potentially indicative of complicated diverticulitis, such as abdominal pain, haemorrhage and/or unexplained change in bowel habits with fever should be evaluated promptly for early identification of diverticulitis which can be associated with gastrointestinal perforation.

Hypersensitivity reactions

Serious hypersensitivity reactions have been reported in association with infusion of RoACTEMRA in approximately 0.3% of patients. Appropriate treatment should be available for immediate use in the event of an anaphylactic reaction during administration of RoACTEMRA.

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WHAT YOU SHOULD KNOW ABOUT RoACTEMRA

- 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 proven in studies to reduce the signs and symptoms of RA
- RoACTEMRA worked well in patients who were not helped by other drugs for RA, such as MTX, Arava® (leflunomide), Enbrel® (etanercept), Humira® (adalimumab) and Remicade® (infliximab)
- This educational tool is designed to answer some questions you may have about the side effects and potential risks of RoACTEMRA

Arava® is a registered trademark of sanofi-aventis; Enbrel® is a registered trademark of Amgen Inc. and Wyeth Pharmaceuticals; Humira® is a registered trademark of Abbott Laboratories; Remicade® is a registered trademark of Schering-Plough Corporation.

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A woman with a prosthetic left arm is smiling and preparing strawberries in a kitchen. A young girl is sitting at the counter, looking at the woman. There are bowls of strawberries on the counter. The background shows a window with a view of trees.

About **RoACTEMRA**

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WHAT IS IL-6?

- Interleukin 6 (IL-6) is a protein that is made by the immune system
- The body uses IL-6 to manage infections. It also plays a major role in the signs and symptoms of RA
- People with RA have too much IL-6

WHAT IS RoACTEMRA?

- RoACTEMRA is a drug that blocks the action of IL-6 in the body
- It is used in adults to treat moderate to severe active RA

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HOW HAS RoACTEMRA BEEN STUDIED?

- RoACTEMRA has been widely studied in adults with RA
- It has been studied alone and in combination with oral medications for RA

HOW IS RoACTEMRA USED?

- RoACTEMRA can be used in combination with MTX or as monotherapy in cases of intolerance to MTX or where continued treatment with MTX is inappropriate
- RoACTEMRA has not been studied with and should not be used with other biological agents (the newest type of drug made from living cells) for RA that are injected because of the possibility of increased risk of infection. These include: Enbrel[®], Humira[®], Remicade[®], MabThera[®] (rituximab), Orenicia[®] (abatcept) and Kineret[®] (anakinra)

MabThera[®] is a registered trademark of F. Hoffmann-La Roche Ltd; Orenicia[®] is a registered trademark of Bristol-Myers Squibb Company; Kineret[®] is a registered trademark of Amgen.

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HOW IS RoACTEMRA GIVEN?

- A doctor or nurse will give you RoACTEMRA
- It is administered by an intravenous (IV) infusion with a needle. One dose will take about 1 hour to infuse into a vein, most likely in your arm
- Dosing is based on your weight, so each person's dose may be different
- Your doctor may change your dose based on how well RoACTEMRA works for you
- RoACTEMRA is given every 4 weeks
- It is important that you do not miss your scheduled dose of RoACTEMRA. If you do, call your doctor. He or she will tell you when you should get your next dose

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WHY WILL MY BLOOD BE TESTED?

At each visit your doctor or nurse may test your blood to help guide your treatment. Here are some things they may look at:

- **Platelets.** Some people taking RoACTEMRA had a drop in the number of platelets in their blood. The body uses platelets to help stop bleeding. In clinical trials, the drop in platelets wasn't associated with any serious bleeding
- **White blood cells.** Having enough white blood cells is important to help your body fight infections. RoACTEMRA works on the immune system and can cause the number of white blood cells to drop. So your doctor may test to make sure you have enough white blood cells and monitor for signs and symptoms of infection
- **Liver enzymes.** Some people who have taken RoACTEMRA have had a rise in liver enzymes. This did not result in injury to the liver. Rises in liver enzymes were seen more often when drugs that could be harmful to the liver were used with RoACTEMRA. If this happens to you, your doctor should take care of this right away. Your doctor may decide to change your dose of RoACTEMRA or potentially stop treatment altogether
- **Cholesterol.** Some people who have taken RoACTEMRA have had a rise in cholesterol. If this happens to you, your doctor may prescribe a cholesterol-lowering drug

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RoACTEMRA Side Effects

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WHAT ARE THE SERIOUS SIDE EFFECTS OF RoACTEMRA?

Infections

- RoACTEMRA is a drug that affects your immune system. Your immune system is important because it helps you fight infections
- Your ability to fight infections may be lowered with RoACTEMRA
- Some infections may become serious while on RoACTEMRA. These may require hospital treatment or may even lead to death
- It is very important to report any signs of infection to your doctor right away

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WHAT ARE THE MOST COMMON SIDE EFFECTS OF RoACTEMRA?

These were the most common side effects reported by patients in clinical trials. They were usually mild and did not result in the patient having to stop the drug.

- Upper respiratory tract infection (common cold, sinus infection)
- Headache
- Rise in blood pressure
- Rash
- Dizziness

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WHAT ARE THE SERIOUS SIDE EFFECTS OF RoACTEMRA?

Abdominal pain

Rarely, patients taking RoACTEMRA have had serious side effects in their stomach and intestines.

- Symptoms may include fever and new onset of abdominal pain with change in bowel habits
- Contact your doctor or nurse right away if you have any of these symptoms

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WHAT ARE THE SERIOUS SIDE EFFECTS OF RoACTEMRA?

Malignancies

- Not enough is known about RoACTEMRA and the potential occurrences of cancer
- Long-term safety studies are ongoing

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WHAT ARE THE SERIOUS SIDE EFFECTS OF RoACTEMRA?

Allergic reactions

Most allergic reactions will happen during infusion or within 24 hours after infusion. They can range from mild to severe.

- Mild to moderate reactions include:
 - Rise in blood pressure
 - Headache
 - Skin reactions such as rash, hives and itching
- Severe reactions include:
 - Trouble breathing
 - Being lightheaded
 - Drop in blood pressure
- Alert your doctor or nurse immediately if you are having any of these symptoms

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Preadministration Checklist

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PREADMINISTRATION CHECKLIST

Before starting RoACTEMRA, tell your doctor if you:

- Have an infection or are being treated for an infection
- Have signs of an infection, such as a fever, cough, headache or are feeling unwell
- Have skin infections with open sores
- Get a lot of infections
- Have diabetes or other conditions that increase the chance for infections
- Have tuberculosis (TB), or if you have been in close contact with someone who has had TB. Your doctor should test you for TB before starting RoACTEMRA

Speak to your doctor if you have any questions about this information.

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AT EACH VISIT, TELL YOUR DOCTOR OR NURSE IF YOU:

- **Are taking other medicines. Tell your doctor or nurse about all the medicines you take. This includes prescription and over-the-counter drugs, vitamins and herbals.** You can take other drugs if your doctor has told you it is okay to take them while you are taking RoACTEMRA. RoACTEMRA may interact with some of your medicines. This may affect the doses you need of those drugs. Tell your doctor if you are taking any medicines that contain:
 - atorvastatin, used to reduce cholesterol levels
 - calcium channel blockers (eg, amlodipine), used to treat raised blood pressure
 - theophylline, used to treat asthma
 - warfarin, used as a blood-thinning agent
 - phenytoin, used to treat convulsions
 - ciclosporin, used to suppress your immune system during organ transplants
 - benzodiazepines (eg, temazepam), used to relieve anxiety
- Are taking any other drugs to treat RA. This includes oral drugs such as MTX and biologic drugs that are injected such as Enbrel[®], Humira[®], Remicade[®], MabThera[®], Orencia[®] and Kineret[®]
- Are pregnant, might be pregnant, intend to become pregnant, or are breast-feeding. Women of childbearing potential must use effective contraception during (and up to 6 months after) treatment. RoACTEMRA should not be used during pregnancy unless clearly necessary.

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AT EACH VISIT, TELL YOUR DOCTOR OR NURSE IF YOU:

- Have an infection
- Have had or now have hepatitis or any disease of the liver
- Have a history of stomach ulcers or diverticulitis (inflammation in parts of the large intestine)
- Are planning or are scheduled to have surgery
- Just got a vaccine (such as a flu shot) or are scheduled to get one
- Have cancer, cardiovascular risk factors such as raised blood pressure and raised cholesterol levels and moderate-to-severe kidney function problems

Tell your doctor about any side effects you may have. The side effects listed in this brochure are not all of the possible side effects with RoACTEMRA. Ask your doctor for more information.

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SUMMARY

- This educational tool reviews some of the most important information about RoACTEMRA. Drugs are sometimes prescribed for purposes other than those listed. Do not use RoACTEMRA for a condition for which it was not prescribed
- If you have any questions or problems, always talk to your doctor or nurse. You can also:

Call

— [\[insert affiliate contact number\]](#)

Visit

— [\[insert affiliate Web site\]](#)

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Important Safety Information

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IMPORTANT SAFETY INFORMATION (continued)

Active hepatic disease and hepatic impairment

Treatment with RoACTEMRA, particularly when administered concomitantly with MTX, may be associated with elevations in hepatic transaminases. Therefore, caution should be exercised when considering treatment of patients with active hepatic disease or hepatic impairment, as the safety of RoACTEMRA in these patients has not been adequately studied.

Hepatic transaminase elevations

In clinical trials, transient or intermittent mild and moderate elevations of hepatic transaminases have been reported commonly with RoACTEMRA treatment, without progression to hepatic injury. An increased frequency of these elevations was observed when potentially hepatotoxic drugs (eg, MTX) were used in combination with RoACTEMRA.

Caution should be exercised when considering initiation of RoACTEMRA treatment in patients with elevated alanine aminotransferase (ALT) or aspartate aminotransferase (AST) > 1.5 x upper limit of normal (ULN). In patients with baseline ALT or AST > 5 x ULN, treatment is not recommended.

ALT and AST levels should be monitored every 4 to 8 weeks for the first 6 months of treatment followed by every 12 weeks thereafter. For ALT or AST elevations > 3 – 5 x ULN, confirmed by repeat testing, RoACTEMRA treatment should be interrupted. Once the patient's hepatic transaminases are below 3 x ULN, treatment with RoACTEMRA may recommence at 4 or 8 mg/kg.

Haematological abnormalities

Decreases in neutrophil and platelet counts have occurred following treatment with RoACTEMRA 8 mg/kg in combination with MTX. There may be an increased risk of neutropaenia in patients who have previously been treated with a TNF antagonist.

Caution should be exercised when considering initiation of RoACTEMRA treatment in patients with a low neutrophil or platelet count (ie, absolute neutrophil count (ANC) $< 2 \times 10^9/L$ or platelet count below $100 \times 10^3/\mu L$). In patients with an ANC $< 0.5 \times 10^9/L$ or a platelet count $< 50 \times 10^3/\mu L$ treatment is not recommended.

Neutrophils and platelets should be monitored 4 to 8 weeks after start of therapy and thereafter according to standard clinical practice.

Lipid parameters

Elevations in lipid parameters including total cholesterol, low-density lipoprotein (LDL), high-density lipoprotein (HDL) and triglycerides were observed in patients treated with RoACTEMRA. In the majority of patients, there was no increase in atherogenic indices, and elevations in total cholesterol responded to treatment with lipid lowering agents.

Assessment of lipid parameters should be performed 4 to 8 weeks following initiation of RoACTEMRA therapy. Patients should be managed according to local clinical guidelines for management of hyperlipidaemia.

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IMPORTANT SAFETY INFORMATION (continued)

Neurological disorders

Physicians should be vigilant for symptoms potentially indicative of new-onset central demyelinating disorders. The potential for central demyelination with RoACTEMRA is currently unknown.

Malignancy

The risk of malignancy is increased in patients with RA. Immunomodulatory medicinal products may increase the risk of malignancy.

Vaccinations

Live and live attenuated vaccines should not be given concurrently with RoACTEMRA as clinical safety has not been established.

Cardiovascular risk

RA patients have an increased risk for cardiovascular disorders and should have risk factors (eg, hypertension, hyperlipidaemia) managed as part of usual standard of care.

Combination with TNF antagonists

There is no experience with the use of RoACTEMRA with TNF antagonists or other biological treatments for RA. RoACTEMRA is not recommended for use with other biological agents.

Sodium

This medicinal product contains 1.17 mmol (or 26.55 mg) sodium per maximum dose of 1200 mg. To be taken into consideration by patients on a controlled sodium diet. Doses below 1025 mg of this medicinal product contain less than 1 mmol sodium (23 mg), ie, essentially 'sodium free'.

Undesirable effects

The most commonly reported adverse drug reactions (occurring in $\geq 5\%$ of patients treated with RoACTEMRA monotherapy or in combination with DMARDs) were upper respiratory tract infections, nasopharyngitis, headache, hypertension and increased ALT.

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