Tocilizumab - GP Information

Administration: Subcutaneous injection or intravenous infusion

Dose: Subcutaneous – 162mg monthly
IV - Tocilizumab 8mg/kg given on the MDBU once very 4 weeks. The minimum dose is 480mg.

Time to response: Up to 12 weeks

Contraindications: Pregnancy & breast feeding
Active infection including HBV & HIV
Active/ latent TB
ALT/AST >5X upper limit of normal
Neutrophils < 0.5x10⁹/l or platelets <50x10⁹/μl
Uncontrolled hypertension or hyperlipidaemia

Cautions: Diverticulitis or intestinal ulceration

Monitoring: Fasting lipid profile 4-8 weeks post infusion
FBC, and LFTs every 4 weeks
BP every 4 weeks

Ensure
1. Live attenuated vaccines are avoided
2. Annual influenza vaccination
3. Pneumococcal vaccination prior to tocilizumab
4. If patients are exposed to chickenpox or shingles please contact the rheumatology department for further advice
5. Effective contraception whilst on treatment and for 6 months after receiving tocilizumab
6. Doses of drugs such as atorvastatin, calcium channel blockers, ciclosporin, phenytoin, benzodiazepines, theophylline and warfarin may need to be increased.

In the event of
1. Infusion reactions – will be managed on MDBU
2. ALT/AST > 3x upper limit of normal – stop tocilizumab
3. Hyperlipidaemia - treat with lipid lowering agents
4. Hypertension – treat as per SIGN guidelines
5. Infection - withhold tocilizumab until infection treated
6. In patients with suspected complicated diverticulitis refer for urgent assessment

If you have any concerns regarding a patient who has recently received Tocilizumab please contact the rheumatology department

KJD November 2018    Review date November 2020

<table>
<thead>
<tr>
<th>University Hospital</th>
<th>Secretary contact no.</th>
<th>Nurse helpline no.</th>
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</thead>
<tbody>
<tr>
<td>Hairmyres</td>
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</tbody>
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**Tocilizumab - Patient Information**

You have been prescribed tocilizumab which blocks the action of Interleukin-6 (IL-6) in the body. IL-6 is a protein that is made by the immune system, and contributes to inflammation, in the joints, in rheumatoid arthritis.

**You will not be prescribed** this medication if you are pregnant, have an active infection or have any evidence of TB. Your doctor may decide not to give you tocilizumab if your blood pressure or cholesterol levels are not well controlled.

**This medication is given** as a subcutaneous injection (under the skin) or an intravenous infusion (‘drip’) at the hospital once every 4 weeks. It is usually taken in addition to methotrexate.

**Screening tests** which are performed, before giving the drug include a chest X-ray, and checking whether you currently have, or have ever had; HIV, TB or hepatitis B or C, or chickenpox.

**Blood tests** - monthly monitoring tests are done and these can be carried out at the hospital or by your GP.

**Problems or side effects** you may have while taking tocilizumab include high blood pressure, headaches and skin rashes in the first 24 hours after the infusion. Other common side effects include mouth ulcers, gastritis, dizziness, high cholesterol levels and conjunctivitis. If you develop an infection whilst taking tocilizumab your next dose will not be given until the infection has been treated.

**Vaccinations** – you are advised to avoid live vaccines. If you are offered shingles vaccination it is best if you have this before starting etanercept. You should have a pneumococcal vaccination if you have not had one in the last 5 years. You should also have annual flu vaccinations. Contact your doctor if you come into contact with anyone who has chickenpox or shingles.

**You must not become pregnant or breastfeed** whilst on tocilizumab, and for 6 months after your last infusion, as the risks to the baby are not known. You should use adequate contraception during this time period.

**If doctors prescribe other medicines** for you remind them that you are on tocilizumab. Doses of drugs such as atorvastatin, theophylline, calcium channel blockers, warfarin, phenytoin, ciclosporin or benzodiazepines may need to be increased.