נובמבר 2020

Actemra® 20 mg/ml I.V.
אקטמרה 20 מ"ג/מ"ל I.V.
tocilizumab
Concentrate for solution for infusion

רופא/ה ורוקח/ת יקר/ה
חברת רוש פרמצבטיקה (ישראל) בע"מ מבקשת להודיעכם על תוספת התוויה לתכשיר וכן על מספר עדכונים שבוצעו בעלון לרופא של התכשיר.

בהודעה זו מצוינים רק עדכונים מהותיים ועדכונים אשר מהווים החמרה.

ההתוויות הרשומות לתכשיר בישראל:

Actemra (tocilizumab) is indicated for reducing signs and symptoms in adult patients with moderately to severely active rheumatoid arthritis who had an inadequate response to one or more DMARDs (Disease Modifying Anti-Rheumatic Drugs) or TNF antagonists or in whom DMARDs cannot be used. Actemra can be used alone or in combination with methotrexate or other DMARDs.

Actemra 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 methotrexate.

Actemra is indicated for the treatment of active systemic juvenile idiopathic arthritis in patients 2 years of age and older.

Actemra in combination with methotrexate (MTX) is indicated for the treatment of juvenile idiopathic polyarthritis (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.

Actemra can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate.

Actemra in combination with methotrexate (MTX) in indicated for the treatment of severe, active and progressive rheumatoid arthritis (RA) in adults not previously treated with MTX.

Actemra is indicated for the treatment of chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome (CRS) in adults and paediatric patients 3 years of age and older.

הסבר:
טקסט עם קו תחתי מציין טקסט שהוסף לעלון.
~~טקסט עם קו חוצה~~ מציין טקסט שהוסר מן העלון.

למידע נוסף יש לעיין בעלון לרופא כפי שנשלח למשרד הבריאות.

העלון המעודכן נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלו מודפסים ע"י פנייה לבעל הרישום: רוש פרמצבטיקה (ישראל) בע"מ, ת.ד 6391 , הוד השרון 4524079
טלפון 09-9737777. כתובתנו באינטרנט: www.roche.co.il.

ב ב ר כ ה,

אביטל ויסברוט
מחלקת רישום

לביא עמי-עד
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עדכונים מהותיים בעלון לרופא

בסעיף 4.1 Therapeutic indications עודכן המידע הבא:

Actemra is indicated for the treatment of chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome (CRS) in adults and paediatric patients 3 years of age and older.

בסעיף 4.2 Posology and method of administration עודכן המידע הבא:

Treatment should be initiated by healthcare professionals experienced in the diagnosis and treatment of RA, sJIA, pJIA or CRS.

[…]

Cytokine Release Syndrome (CRS) (adults and paediatrics)
The recommended posology for treatment of CRS given as a 60-minute intravenous infusion is 8 mg/kg in patients weighing greater than or equal to 30 kg or 12 mg/kg in patients weighing less than 30 kg. Actemra can be given alone or in combination with corticosteroids.

If no clinical improvement in the signs and symptoms of CRS occurs after the first dose, up to 3 additional doses of Actemra may be administered. The interval between consecutive doses should be at least 8 hours. Doses exceeding 800 mg per infusion are not recommended in CRS patients.

Patients with severe or life-threatening CRS frequently have cytopenias or elevated ALT or AST due to the underlying malignancy, preceding lymphodepleting chemotherapy or the CRS.

[…]

~~Reduction~~ There are insufficient clinical data to assess the impact of a tocilizumab dose ~~due to~~ reduction in sJIA patients who have experienced laboratory abnormalities ~~has not been studied in sJIA patients~~.

[…]

Elderly

No dose adjustment is required in elderly patients ~~aged~~ >65 years ~~and older~~ of age.

[…]

Method of administration
After dilution, Actemra for RA, sJIA, pJIA, and pJIA CRS patients should be administered as an intravenous infusion over 1 hour.

RA, sJIA and, pJIA and CRS Patients ≥ 30 kg
Actemra should be diluted to a final volume of 100 mL with sterile, non-pyrogenic sodium chloride 9 mg/ mL (0.9%) solution for injection using aseptic technique .

For instructions on dilution of the medicinal product before administration, see section 6.6 .

sJIA and ,pJIA and CRS Patients < 30 kg
Actemra should be diluted to a final volume of 50 mL with sterile, non-pyrogenic sodium chloride 9 mg/ mL (0.9%) solution for injection using aseptic technique.

בסעיף 4.8 Undesirable effects עודכן המידע הבא:

CRS Patients
The safety of tocilizumab in CRS has been evaluated in a retrospective analysis of data from clinical trials, where 51 patients were treated with intravenous tocilizumab 8 mg/kg (12 mg/kg for patients less than 30 kg) with or without additional high-dose corticosteroids for severe or

life-threatening CAR T-cell-induced CRS. A median of 1 dose of tocilizumab (range, 1-4 doses) was administered.

בסעיף 5.1 Pharmacodynamic properties עודכן המידע הבא:

CRS
The efficacy of Actemra for the treatment of CRS was assessed in a retrospective analysis of data from clinical trials of CAR T-cell therapies (tisagenlecleucel and axicabtagene ciloleucel) for hematological malignancies. Evaluable patients had been treated with tocilizumab 8 mg/kg (12 mg/kg for patients < 30 kg) with or without additional high-dose corticosteroids for severe or life-threatening CRS; only the first episode of CRS was included in the analysis. The efficacy population for the tisagenlecleucel cohort included 28 males and 23 females (total 51 patients) of median age 17 years (range, 3–68 years). The median time from start of CRS to first dose of tocilizumab was 3 days (range, 0–18 days). Resolution of CRS was defined as lack of fever and off vasopressors for at least 24 hours. Patients were considered responders if CRS resolved within 14 days of the first dose of tocilizumab, if no more than 2 doses of Actemra were needed, and no drugs other than Actemra and corticosteroids were used for treatment. Thirty-nine patients (76.5%; 95% CI: 62.5%–87.2%) achieved a response. In an independent cohort of 15 patients (range: 9–75 years old) with axicabtagene ciloleucel-induced CRS, 53% responded.

בסעיף 6.6 Special precautions for disposal and other handeling עודכן המידע הבא:

RA and CRS Patients (≥ 30 kg)
Withdraw a volume of sterile, non-pyrogenic sodium chloride 9 mg/mL (0.9%) solution for injection from a 100 mL infusion bag, equal to the volume of Actemra concentrate required for the patients dose, under aseptic conditions. The required amount of Actemra 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. To mix the solution, gently invert the infusion bag to avoid foaming.

Use in the paediatric population

sJIA and, pJIA and CRS Patients ≥ 30 kg
Withdraw a volume of sterile, non-pyrogenic sodium chloride 9 mg/mL (0.9%) solution for injection from a 100 mL infusion bag, equal to the volume of Actemra concentrate required for the patients dose, under aseptic conditions. The required amount of Actemra 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. To mix the solution, gently invert the infusion bag to avoid foaming.

sJIA and CRS Patients < 30 kg
Withdraw a volume of sterile, non-pyrogenic sodium chloride 9 mg/mL (0.9%) solution for injection from a 50 mL infusion bag, equal to the volume of Actemra concentrate required for the patients dose, under aseptic conditions. The required amount of Actemra 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. To mix the solution, gently invert the infusion bag to avoid foaming.