Actemra, a potent anti-inflammatory drug, is a recombinant humanized interleukin-6 (IL-6) receptor inhibitor. IL-6 is a pro-inflammatory cytokine produced in several cell lines that is involved in various physiologic processes such as T-cell activation, acute phase protein synthesis, and induction of immunoglobulin secretion.

Preauthorization criteria: Rheumatoid Arthritis (RA) in adults with moderately to severely active disease who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs); Active Polyarticular Juvenile Idiopathic Arthritis (PJIA) in patients 2 years and older; Active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients 2 years and older.

Dosing: 8 mg/kg IV every four weeks, starting at 4 mg/kg; 800mg maximum

How Supplied: single-use vials: 80mg/4 mL; 200mg/10 mL; 400mg/20 mL; single-use pre-filled syringe for subcutaneous administration: 162mg/.9 mL

Precautions: Black Box Warning: “Risk of Serious Infections,” including active T.B., invasive fungal infections, other opportunistic infections; neutropenia; thrombocytopenia; lipid abnormalities; avoid live vaccines; should be prescribed by or in consultation with a physician who specializes in the condition being treated (e.g. rheumatologist); do not use concurrently with other biologic anti-inflammatory agents (e.g., Cimzia, Enbrel, Humira, Kineret, Orencia, Remicade, Rituxan, or Simponi) or other disease-modifying anti-rheumatic drugs (DMARDs, such as Actemra); do not use in patients with Crohn’s Disease or Juvenile Arthritis other than systemic type

Drug Interactions: avoid live vaccines (e.g. intranasal influenza, measles, mumps, rubella, oral polio, BCG, yellow fever, varicella, and TY21a typhoid vaccines); caution with CYP450 substrates (Cytochrome P450s in the liver are down-regulated by infection and inflammation stimuli including cytokines such as IL-6. Inhibition of IL-6 signaling in RA patients treated with tocilizumab may restore CYP450 activities to higher levels, leading to increased metabolism of drugs that are CYP450 substrates); caution with DMARDs (see Precautions)
REFERENCES

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<td>Catherine Sanders, MD; Robert Sterling, MD</td>
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