Resource

Tocilizumab

Tocilizumab is a ‘biologic’ drug. Biologic drugs are often referred to as ‘targeted therapies’ because they work on specific cells of the immune system. Tocilizumab works on the inflammatory chemical interleukin-6 (IL-6).

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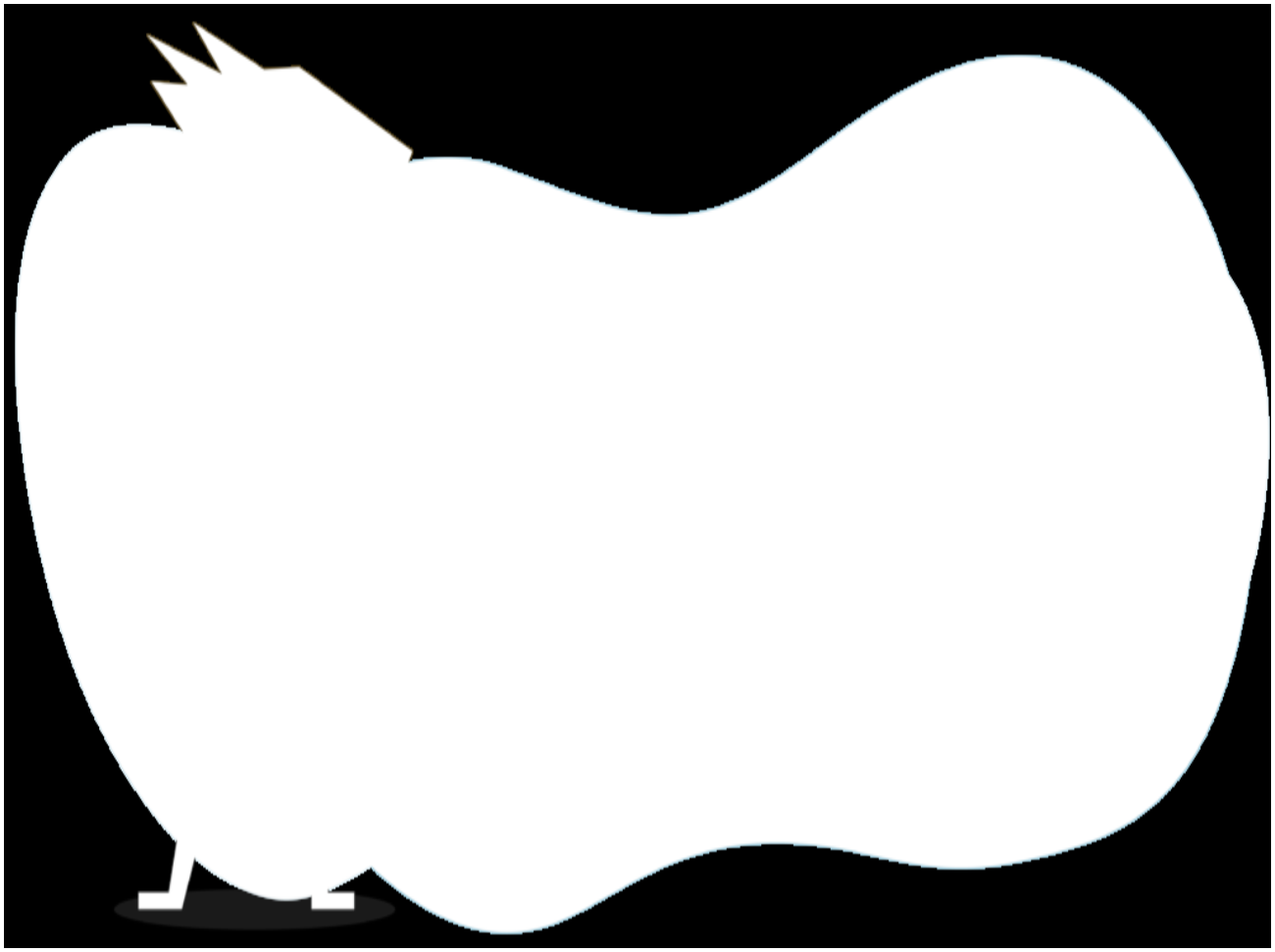

How to say it?

Tock-i-liz-you-mab

Other names

RoActemra (originator; at time of publication, there are currently no biosimilars available)

Type of JIA

Systemic onset JIA, Polyarticular JIA

How is it taken?

Injection; infusion

How often?

Every two to four weeks (infusion), depending on JIA type; weekly or fortnightly, depending on JIA type (injection)

How long for?

Long term

How soon does it start working?

Three to six weeks

Background

Tocilizumab has been used in JIA since 2003, approved for use in systemic onset JIA by the NHS since 2011 and for polyarticular JIA from 2014.

Usage

Tocilizumab is licensed for children with: systemic onset JIA aged one year and over; polyarticular JIA aged two years and over. It is used, for those who have failed previous treatments or been intolerant to them, as a single treatment or in combination with methotrexate.

For systemic onset JIA, tocilizumab is given initially in hospital as an intra-venous infusion once every two weeks. Once there has been adequate control, the frequency is reduced and then many young people are switched to a sub cutaneous injection given at home.

For polyarticular JIA, the intra venous infusion is once every four weeks.

When there is good control – or from the start in children aged 12 or over – tocilizumab can be given at home by sub-cutaneous injection, using a pre-filled injection pen. How often this injection is given depends on the weight of the child and the type of JIA.

Precautions

DO NOT ADMINISTER abatacept, adalimumab, canakinumab, etanercept or tocilizumab to a child or young person if they have a high temperature of 38°C or above or you are concerned that they are unwell with an infection (don't worry if they just have a minor cough or cold) – seek medical advice from your GP or child's healthcare team.

Blood tests

Are performed to make sure there are no problems with cell counts. This is the same as for sDMARDs but the tests are performed much less often (typically every six months). Your child's healthcare team will talk to you about this and any other test they need to arrange.

Vaccinations

'Live' vaccines – measles, mumps, rubella (MMR), chickenpox, oral polio (NOT injectable polio), BCG, oral typhoid and yellow fever – cannot be given to anyone already taking a biologic DMARD. If biologic treatment has not yet been started, it is important to seek advice on how long a gap to leave after having a live vaccine.

Other medicines

There are currently no specific prescribed medicines to be avoided when taking bDMARDs. But take care when using any other medications or complementary therapies (even if bought 'over the counter' for coughs, colds or flu). Check with a doctor, nurse or pharmacist that they are safe.

Alcohol

Alcohol can be consumed when taking bDMARDs such as abatacept, adalimumab, canakinumab, etanercept and tocilizumab. However, caution may be required when taking other medications – methotrexate, for example – alongside biologics.

Pregnancy

There is not enough research information to give advice that either pregnancy or breastfeeding are safe while taking bDMARDs, and reliable contraception should be considered if sexually active.

Tattoos and body piercings

When taking a bDMARD, there may be an increased risk of skin infection associated with the tattooing. It is therefore important to consider this and where the tattoo is being performed. If the skin becomes particularly red more than 24 hours afterwards and/or a fever is developed, you may need antibiotics.

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