

Embargoed until 00.01  
Sunday, 20 November 2011

## Media Release

### New treatment available in Australia for children with rare form of arthritis

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Children living with systemic Juvenile Idiopathic Arthritis (sJIA), a rare<sup>1</sup> and aggressive<sup>2,3</sup> form of arthritis, now have access to an approved biologic<sup>i</sup> treatment for the condition.

Actemra® (tocilizumab) has recently been approved by the Therapeutic Goods Administration (TGA) for the treatment of sJIA in patients two years of age and older.<sup>4,5</sup> This approval for juvenile patients follows its current availability for adults with severe active Rheumatoid Arthritis (RA) on the Pharmaceutical Benefits Scheme (PBS).<sup>4,6</sup>

The belief that arthritis only affects older people is a myth.<sup>7</sup> Worldwide, juvenile arthritis is one of the leading causes of paediatric acquired disability.<sup>8</sup> In Australia, it is estimated that one child in every 1,000 has juvenile arthritis.<sup>9</sup> sJIA is one of seven types of juvenile arthritis and is considered to be the most difficult sub-type (of juvenile arthritis) to treat.<sup>1,2</sup>

The symptoms of sJIA affect the whole body and can include fever, rash and inflammation of internal organs.<sup>10</sup> Some children experience complications of long lasting systemic inflammation which can include joint destruction, functional disability and growth impairment.<sup>1,3</sup>

Head of the Department of Rheumatology at The Children's Hospital at Westmead, Sydney, Dr Jeffrey Chaitow, said the decision to approve Actemra for children with this severe form of juvenile arthritis is very welcome.

Dr Chaitow said: "sJIA is a debilitating disease characterised by persistent fevers, swollen and painful joints which significantly impact on a child's quality of life. Many have difficulty walking and rely on their parents and carers for help with simple daily tasks. They may experience isolation and loss of self-esteem as their ability to play with friends, attend school and participate in sport is also impacted."

Targeting the inflammation at its source, Actemra is specifically designed to block the action of the body's protein-messenger interleukin-6 (IL-6) which contributes to chronic inflammation.<sup>4,5,11</sup> IL-6 levels are elevated in children with sJIA and play a central role in driving the systemic (whole body) and articular (joint) effects of sJIA.<sup>11,12</sup>

The TGA has approved Actemra for sJIA based on results of the TENDER study.<sup>4</sup> Five sJIA patients have been treated with Actemra in Australia as part of the TENDER study.<sup>13</sup>

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<sup>i</sup> A biologic is a therapeutic agent, usually an antibody, which is produced by biotechnological means.

### **About Juvenile Idiopathic Arthritis (JIA)**

Juvenile idiopathic arthritis is one of the most serious, persistent medical conditions impacting children and is one of the leading causes of paediatric acquired disability.<sup>8</sup> It's estimated that one child in every 1,000 in Australia has juvenile arthritis.<sup>9</sup>

### **About systemic Juvenile Idiopathic Arthritis (sJIA)**

sJIA is one of seven types of juvenile arthritis and is considered to be the most difficult sub-type of juvenile arthritis to diagnose and treat.<sup>1,2</sup>

sJIA is characterised by prominent systemic (whole body) features such as fever, rash and inflammation of internal organs (serotosis).<sup>10</sup> Complications of long lasting systemic inflammation include joint destruction, functional disability and growth impairment.<sup>1,3</sup>

sJIA occurs in children of any age and it impacts both boys and girls.<sup>14</sup>

### **About Rheumatoid Arthritis (RA)**

RA is an incurable, progressive autoimmune disease in which the body's immune system attacks the lining membrane of joints (synovium) and joint cartilage throughout the body.<sup>15</sup>

### **About Actemra (tocilizumab)**

#### ***Mode of Action***

Actemra specifically targets the function of a protein in the blood called interleukin-6 (IL-6).<sup>4,5,11</sup> IL-6 plays a central role in driving the disease activity associated with sJIA such as fever, anaemia, growth impairment and joint destruction.<sup>3,12</sup> Children with sJIA have significantly elevated IL-6 protein levels in comparison to other types of juvenile arthritis.<sup>12</sup>

#### ***Therapeutic Goods Administration (TGA) and Pharmaceutical Benefits Scheme (PBS) status***

On 31 October 2011, Actemra was approved by the TGA for the treatment of active systemic juvenile idiopathic arthritis in patients two years of age and older. Actemra can be given alone or in combination with methotrexate (MTX).<sup>4,5</sup>

Roche has made an application for the sJIA indication to be listed on the PBS. The Pharmaceutical Benefits Advisory Committee (PBAC) considered this application at its November 2011 meeting, and the PBAC's recommendation is expected to be made public in December 2011. While PBS reimbursement is sought, patients may be eligible to participate in the Actemra Access Program; information about this program has been provided to rheumatologists.

Actemra was first approved in May 2009 by the TGA and listed on the PBS in August 2010 for the treatment of severe, active rheumatoid arthritis in adults, either in combination with methotrexate or as monotherapy (where methotrexate is not tolerated) in patients who have failed to achieve an adequate response to previous therapy with two or more disease-modifying anti-rheumatic drugs (DMARDs) and who meet certain criteria.<sup>4,5,6</sup> On 13 January 2011, the TGA approved a new indication for Actemra to include reference to the inhibition of the progression of joint damage.<sup>4,5</sup>

### ***Safety***

To date, more than 72,000 people have been treated with Actemra globally, primarily for RA, but also for other autoimmune diseases.<sup>16</sup> Since its approval in 2009, more than 1,100 adult Australians have been treated with Actemra for RA.<sup>17</sup>

In general, the adverse drug reactions seen with sJIA were similar in type to those seen in RA patients.<sup>4</sup> The most commonly reported adverse events in the clinical trial programme for RA patients were upper respiratory tract infections, common cold symptoms (cough, sore throat, runny nose and fever), headache, hypertension, an increased liver enzyme (alanine aminotransferase) and bronchitis.<sup>4,5</sup>

Actemra treatment should not be initiated in patients with active infections.<sup>4,5</sup> It is particularly important that parents/guardians of minors with sJIA contact a physician immediately when any symptoms suggesting infection appear.<sup>4,5</sup>

Actemra treatment must not be initiated in patients with known hypersensitivity to any component of the product or with a history of any reaction consistent with hypersensitivity to any component of the product, Chinese hamster ovary cell products or other recombinant human or humanised antibodies.<sup>4,5</sup>

### ***Administration***

Actemra is administered by intravenous infusion. The infusion frequency for sJIA is fortnightly, and once-monthly for adult RA.<sup>4,5</sup>

Patients and/or their parents/guardians should contact their rheumatologist or General Practitioner (GP) for further information and to discuss the best treatment option for individual patients.

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### Note to Editors:

Dr Chaitow has served on advisory boards for Roche for which he has received financial compensation. He has also been involved in clinical trials supported by Roche.

Issued by Porter Novelli on behalf of Roche Products Pty Limited.  
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### References:

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- <sup>2</sup> de Benedetti F. Arthritis & Rheumatism, 2005, Vol. 52(3):687-693
- <sup>3</sup> Yokota S and Kishimoto T. Expert Rev. Clin. Immunol, 2010, Vol. 6(5):735-743
- <sup>4</sup> Actemra Approved Product Information, 31 October, 2011
- <sup>5</sup> Actemra Approved Consumer Medical Information, 31 October, 2011
- <sup>6</sup> Actemra® PBS criteria available at [www.pbs.gov.au](http://www.pbs.gov.au) (accessed 10 November 2011)

- <sup>7</sup> Arthritis Australia, Juvenile Arthritis. 2009  
[http://www.arthritisaustralia.com.au/images/stories/documents/info\\_sheets/2011/2011\\_updates/General\\_Information/JIA\\_Brochure.pdf](http://www.arthritisaustralia.com.au/images/stories/documents/info_sheets/2011/2011_updates/General_Information/JIA_Brochure.pdf) (accessed 10 November 2011)
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- <sup>9</sup> Australian Institute of Health and Welfare. Arthritis Series: Num. 7. 2008.
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- <sup>11</sup> Nishimoto, N. Clinical Pharmacology and Therapeutics. 2010, Vol. 87(4):483-7
- <sup>12</sup> Lin, Y-T et al. Autoimmunity Review. 2011; Vol. 10:482-489
- <sup>13</sup> Roche. Data on file
- <sup>14</sup> Woo P. Nature Clinical Practice Rheumatology, 2006, Vol. 2(1): 28-34
- <sup>15</sup> WHO. The Global Burden of Rheumatoid Arthritis in the year 2000.  
[http://www.who.int/healthinfo/statistics/bod\\_rheumatoidarthritis.pdf](http://www.who.int/healthinfo/statistics/bod_rheumatoidarthritis.pdf) (accessed 10 November 2011)
- <sup>16</sup> Roche Period Safety Update Report, May 2011
- <sup>17</sup> Roche. Data on file

**ACTEMRA is not listed on the PBS for systemic Juvenile Idiopathic Arthritis.  
Rheumatoid Arthritis PBS Information: Authority Required. Refer to PBS schedule for full  
information.**

For more information about Actemra, please see the Product Information (PI) and Consumer Medicine Information (CMI) available at [www.Roche-australia.com](http://www.Roche-australia.com) or call Roche Medical Information on 1800 233 950. PI and CMI available on request.

## Minimum Product Information

### Actemra® (tocilizumab)

**Indications:** ACTEMRA is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients in combination with methotrexate (MTX) or other non-biological disease-modifying anti-rheumatic drugs (DMARDs) in case of either an inadequate response or intolerance to previous therapy with one or more DMARDs; or as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate. \*ACTEMRA has been shown to inhibit the progression of joint damage in adults, as measured by X-ray, 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 can be given alone or in combination with methotrexate (MTX).

**Dosage and Administration: Adult RA** - 8 mg/kg given once every 4 weeks as an IV infusion over 1 hour. \*For individuals whose body weight is more than 100 kg, doses exceeding 800 mg per infusion are not recommended. \***sJIA** -12 mg/kg for patients < 30 kg body weight or 8 mg/kg for patients ≥ 30 kg body weight once every 2 weeks as an IV infusion over 1 hour. The calculated dose of ACTEMRA should be diluted to 50 mL (patients < 30 kg) or 100 mL (patients ≥ 30 kg). Dose modification may be necessary in patients with raised liver enzymes, low neutrophil counts or low platelet counts. \*Dose reduction has not been studied in sJIA. Dose interruptions similar to adult RA are recommended for sJIA patients with laboratory abnormalities. \*During IV infusion, and for 30 minutes post-infusion with ACTEMRA, the patient must be closely monitored at all times for any signs or symptoms of a hypersensitivity reaction. Should any such reaction occur then appropriate urgent responses and treatments are to be initiated. The necessary equipment, treatments and protocols sufficient to initiate the management of acute anaphylaxis are to be in place along with the availability of appropriately trained personnel. There must be continued education and training of the health care professionals who administer the infusions. As part of the informed consent process patients should be made aware of the risk of anaphylaxis and the equipment, treatments and protocols in place to manage this risk.

**Contraindications and Precautions:** Contraindicated in patients with known hypersensitivity to any component of the product \*or with a history of any reaction consistent with hypersensitivity to any component of the product; Chinese hamster ovary cell products or other recombinant human or humanised antibodies; active, severe infections.

\*Infusion and hypersensitivity reactions: serious hypersensitivity reactions have been reported in association with infusion of ACTEMRA. A patient with a previous infusion reaction and premedicated with steroids and antihistamines experienced a fatal anaphylactic reaction during a subsequent treatment with ACTEMRA in the post-marketing setting. Appropriate treatment should be available for immediate use in the event of an anaphylactic reaction during administration treatment with of ACTEMRA. If an anaphylactic reaction or other serious hypersensitivity reaction occurs, administration of ACTEMRA should be stopped immediately and ACTEMRA should be permanently discontinued. Patients with a history of any reaction consistent with hypersensitivity to any component of the product must not be re-challenged with ACTEMRA. Development of infections, history of recurring or chronic infection; Serious and sometimes fatal infections have been reported in patients receiving immunosuppressive agents including ACTEMRA. Underlying conditions e.g. diverticulitis, diabetes; live vaccines; \*ensure vaccinations are up to date before initiating therapy; active hepatic disease or impairment; monitor for elevated hepatic transaminases, haematological abnormalities and elevated lipid parameters; controlled sodium diet; increased risk of malignancy, cardiac disorders and central demyelinating disorders. \*Macrophage Activation Syndrome may develop in patients with sJIA. ACTEMRA has not been studied in patients during an episode of active MAS. Pregnancy Category C - not to be used during pregnancy unless clearly necessary. Consider the benefits/risks of breast-feeding to the child compared to the benefits/risks of ACTEMRA therapy to the patient. ACTEMRA is not recommended for use with other biological agents. Suppression of CYP450 expression may be reversed with ACTEMRA. Patients taking medicines metabolised via CYP450s (e.g. atorvastatin, simvastatin, calcium channel blockers, theophylline, warfarin, phenytoin, cyclosporine, benzodiazepines) should be monitored as dose adjustment may be necessary. Dose adjustment should be based on the therapeutic response and/or adverse effects of the patient to the individual medicine.

**Adverse Reactions:** Common ( $\geq 2\%$ ): upper respiratory tract infections, nasopharyngitis, headache, hypertension, cough, increased ALT/AST, diarrhoea, back pain, peripheral oedema, dizziness, bronchitis, rash, mouth ulceration, abdominal pain upper, gastritis. Infrequent ( $<2\%$ ): cellulitis, oral herpes simplex, herpes zoster, diverticulitis, stomatitis, \*gastric ulcer, pruritus, urticaria, \*weight increased, total bilirubin increased, leucopenia, neutropenia, hypercholesterolaemia, hypertriglyceridaemia, hypersensitivity reaction, \*dyspnoea, conjunctivitis, nephrolithiasis, hypothyroidism. Infections: Reported serious infections, some fatal, include pneumonia, cellulitis, herpes zoster, gastroenteritis, diverticulitis, sepsis, bacterial arthritis, opportunistic infections. GI Perforation: Reported uncommonly primarily as a complication of diverticulitis, including generalised purulent peritonitis, lower GI perforation, fistula and abscess. \*sJIA: adverse reactions are similar in type to those seen in RA patients. Anaphylaxis, anaphylactoid reactions, and hypersensitivity reactions in patients under 18 years of age have been reported in the post-marketing setting.

Please review the complete Product Information before prescribing, available on request from the sponsor company.

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**Date of Preparation:** 1 November 2011

**\* Please note changes in Product Information**