

Important Safety Information for Rheumatologists About Risks in Patients Receiving ACTEMRA®

ACTEMRA® (tocilizumab) is an interleukin-6 (IL-6) receptor inhibitor that has been approved by the Food and Drug Administration (FDA) for two indications:

- Adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more TNF antagonist therapies with a recommended ACTEMRA® dosing interval of every 4 weeks.
- Children 2 years of age and older with active *Systemic Juvenile Idiopathic Arthritis (SJIA)* with a recommended ACTEMRA® dosing interval of every 2 weeks.

The safety and efficacy of ACTEMRA® for conditions other than RA and SJIA have not yet been established.

Rheumatologists should be aware of important information regarding safety and laboratory monitoring recommendations for ACTEMRA.

Serious infections: Patients treated with ACTEMRA are at increased risk for developing serious infections leading to hospitalization or death including tuberculosis (TB), bacterial, invasive fungal, viral and other opportunistic infections.

Gastrointestinal perforations: Gastrointestinal (GI) perforations have been reported in Phase 3 clinical trials, primarily as complications of diverticulitis, including generalized purulent peritonitis, lower GI perforation, fistula and abscess. Most patients who developed GI perforations were taking concomitant nonsteroidal anti-inflammatory medications (NSAIDs), corticosteroids or methotrexate. ACTEMRA should be used with caution in patients who may be at increased risk for GI perforation. Patients presenting with new-onset abdominal symptoms should be evaluated promptly for early identification of GI perforation.

Demyelinating disorders: The impact of treatment with ACTEMRA on demyelinating disorders is not known, but multiple sclerosis and chronic inflammatory demyelinating polyneuropathy were reported rarely in clinical studies of adults with RA. Patients should be closely monitored for signs and symptoms potentially indicative of demyelinating disorders. Prescribers should exercise caution in considering the use of ACTEMRA in patients with preexisting or recent onset demyelinating disorders.

Malignancies: Malignancies were observed in clinical studies of ACTEMRA. The impact of treatment with ACTEMRA on the development of the malignancies is not known, but malignancy is a known risk of biological products that suppress the immune system. ACTEMRA is an immunosuppressant and may increase the risk of malignancies.

Laboratory abnormalities: Hepatic transaminases (ALT, AST), lipids, neutrophils and platelets should be monitored, as abnormalities in these parameters were associated with ACTEMRA treatment in Phase 3 clinical trials. Dosage modifications may be required if laboratory abnormalities occur. Please see the full Prescribing Information for more information.

Reporting Adverse Events

It is important that you report all serious adverse events that occur in patients being treated with ACTEMRA, even if you do not think there is a causal relationship. As an ACTEMRA-prescribing rheumatologist, the information you provide about these events may inform therapy and monitoring decisions for future patients.

Reporting is easy and maintains patient confidentiality. Your patient's name or contact information is not needed. *HIPAA does not apply to this adverse event reporting.* You can report your cases to Genentech or directly to the FDA:

- Genentech at 1-800-ACTEMRA (1-800-228-3672)
- MedWatch (FDA safety information and adverse event reporting program) at 1-800-332-1088 or online at www.fda.gov/medwatch/report.htm

Please visit www.ACTEMRA.com for full Prescribing Information, including Boxed Warning, and Medication Guide.

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