REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

tocilizumab

Effective Date: Jan14-2015 **Revised Date:** May12 2021	CLASSIFICATION **Interleukin Receptor Inhibitor**	OTHER NAMES **Actemra**	PAGE 1 of 1

ADMINISTRATION POLICY:

IV bolus:	Do NOT administer
IV Intermittent:	May be administered by a nurse
IV continuous:	Not recommended
Subcut:	May be administered by a nurse
IM:	Not recommended

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 20 mg/mL, 80 mg, 200 mg and 400 mg ready-to-use single-use vials. REFRIGERATE.
162 mg/0.9 mL Pre-Filled Syringe (for subcut) REFRIGERATE

IV intermittent: Dilute dose in 100 mL NS and administer dose over 60 minutes.

Subcutaneous: Administer undiluted

DOSAGE:

COVID-19 As per current provincial guideline

Rheumatoid Arthritis **IV:** 4 to 8 mg per kg for 1 dose on day 1. May be repeated once every 4 weeks.
Subcut: 162 mg given once every other week. Dose may be increased depending on clinical response (greater than or equal to 100 kg treat weekly).

Maximum concentration: **IV:** prescribed dose in 100 mL
Subcut: undiluted (162 mg/0.9mL)

Maximum single dose: **IV:** 800 mg
Subcut: 162 mg

STABILITY/COMPATIBILITY:

Stability: 24 hours at room temperature
Compatibility: Compatible in normal saline

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Most common side effects: upper respiratory infections (common cold, sinus infections), headaches, increase blood pressure.
- Serious side effects: serious infections and allergic reactions
- Stevens-Johnson syndrome (SJS)

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Refer to protocol by which patient is being treated.
- Numerous dosing schedules exist and depend on disease, response and concomitant therapy.
- Guidelines for dosing also include consideration of absolute neutrophil count (ANC).
- Dosage may be reduced, delayed or discontinued in patients with bone marrow depression due to cytotoxic/radiation therapy or with other toxicities.