



## Supply Disruption Alert

SDA/2021/014

Tocilizumab (RoActemra®) 162mg/0.9ml solution for injection pre-filled syringes and pre-filled pens – Non Covid-19 indications

## **Summary**

This supply disruption alert update supersedes the previous alert (<u>SDA/2021/014</u>) issued on 25<sup>th</sup> October 2021. Please find material updates in bold.

- Tocilizumab (RoActemra®) 162mg/0.9ml solution for injection pre-filled syringes and pre-filled pens are in limited supply until late March 2022.
- Prescribers should urgently review their Rheumatoid Arthritis guidelines and amend in line with the advice in the clinical prioritisation section of this Supply Disruption Alert (SDA).
- Remaining stock should be prioritised for patients already established on these formulations and new patients, as outlined in the clinical prioritisation advice below.
- Tocilizumab (RoActemra®) solution for infusion vials, which are also used in Covid-19 patients, are not covered by this SDA but supply remains constrained; and advice previously issued still applies see
   <u>MSN/2021/065</u> this replaces the advice in MSN/2021/041U.
- Sarilumab (Kevzara®) solution for injection pre-filled pens should be considered the first line agent for treatment of Rheumatoid Arthritis when an IL-6 antagonist is indicated and can support an increase in demand. Sarilumab (Kevzara®) solution for injection pre-filled syringes are unable to support an uplift in demand.
- Sarilumab (Kevzara®) nurse injection training and initiation at patient's home is not funded by Sanofi and the initiating trust will need to ensure that appropriate training is available, either on site or in patient's homes.

## **Action**

All secondary care specialist clinical teams who prescribe, administer or supply tocilizumab pre-filled syringes and pre-filled pens should take the following actions:

For all existing patients who are currently prescribed subcutaneous tocilizumab prefilled syringes or prefilled pens as part of routine patient reviews:

- Inform patients that they will receive their medication deliveries at a reduced frequency of once every four weeks until further notice. Patients will get all the medication they require but in smaller quantities that are delivered more frequently.
- Reassure patients they will continue to receive supplies and advise them to continue treatment as prescribed.

Local Rheumatoid Arthritis guidelines should be reviewed and amended in line with clinical prioritisation and advice as below. New patients should be initiated on treatment as per amended guidelines which signpost to alternative agents.

#### **Product details**

Tocilizumab (RoActemra®) 162mg/0.9ml solution for subcutaneous injection pre-filled syringes and pre-filled pens

## Problem / background

There are limited supplies of Tocilizumab (RoActemra®) 162mg/0.9ml solution for subcutaneous injection pre-filled syringes and pre-filled pens until at least January 2022 due to increased global demand on the active pharmaceutical ingredient. Tocilizumab (RoActemra®) solution for infusion vials, are not covered by this SDA but also continue to have constrained volumes.

## Advice on clinical prioritisation

Tocilizumab (RoActemra®) **pre-filled syringes** and **pre-filled pens** are used in the treatment of juvenile idiopathic arthritis (JIA), rheumatoid arthritis (RA), giant cell arteritis (GCA) as well as some other off-label indications such as Adult Onset Still's Disease (AOSD) and Takayasu arteritis.

For patients being considered for initiation of subcutaneous tocilizimab, clinicians should consider the following in conjunction with the patient:

#### Rheumatoid Arthritis

New patients: Avoid starting tocilizumab: if an anti-IL-6 agent is considered the most appropriate option, prescribe sarilumab solution for injection pre-filled pens.

#### Juvenile Idiopathic Arthritis

New patients: Avoid starting tocilizumab and use alternative indicated agents <a href="https://www.nice.org.uk/guidance/ta373">https://www.nice.org.uk/guidance/ta373</a>

#### Adult Onset Still's Disease

New patients: Consider prescribing Anakinra (Kineret®) solution for injection pre-filled syringes as an alternative according to the NICE Technology Appraisal (685) Anakinra for treating Still's disease <a href="https://www.nice.org.uk/guidance/ta685">https://www.nice.org.uk/guidance/ta685</a>

#### Giant Cell Arteritis

New patients: Where tocilizumab is indicated, initiate patients on tocilizumab prefilled syringes or prefilled pens. Prescribing should be initiated according to NICE TA518 <a href="https://www.nice.org.uk/guidance/ta518">https://www.nice.org.uk/guidance/ta518</a> and the rapid policy statement on <a href="https://www.nice.org.uk/guidance/ta518">Tocilizumab for giant cell arthritis (GCA) during the COVID-19 pandemic.</a>

### Takayasu Arteritis

New patients: Where tocilizumab is indicated, initiate patients on tocilizumab prefilled syringes or prefilled pens. There are no commissioned alternative agents. NHS England Clinical Commissioning policy ref 16056/P should be followed as found at this link:- <a href="https://www.england.nhs.uk/wp-content/uploads/2018/07/Tocilizumab-for-Takayasu-arteritis.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/07/Tocilizumab-for-Takayasu-arteritis.pdf</a>.

In all cases where a treatment plan is initiated, there should be clear communication with the patient/carer under the principles of shared decision-making. The clinical effects of medication should be monitored in

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line with established practices, and patients should have access to a local rheumatology advice line in case of flare up or concern.

The patient's general practitioner should be informed of all new prescriptions as soon as possible.

#### Distribution

#### **Trusts (NHS boards in Scotland)**

CAS and SABS (NI) liaison officers for onward distribution to all relevant staff including:

- A&E consultants
- A&E departments
- A&E nurses
- All departments
- Chief pharmacists
- Clinical governance leads
- Clinical Procurement Specialists
- Community hospitals
- Community nurses
- · Day surgery units
- Diabetologists
- District nurses
- Emergency Preparedness and Response officer
- Endocrinologists
- Haematologists
- Hospital pharmacies
- Hospital pharmacists
- Medical directors
- NHS walk-in centres
- Outpatient clinics
- Palliative care teams
- Paramedics
- Pharmaceutical advisors
- Pharmacists
- Paediatricians
- Purchasing managers
- Respiratory specialists
- Rheumatology specialists
- Rheumatology consultants
- Risk managers
- Supplies managers
- Walk-in centres

#### NHS England regional teams

For onward distribution to all relevant staff including:

Community Pharmacists

#### **General Practice**

For onward distribution to all relevant staff including:

- General practitioners
- General practice managers
- General practice nurses
- Non-medical prescribers in General Practice

# Independent distribution Establishments registered with the Care Quality Commission (CQC) (England only)

- Adult placement
- Care homes providing nursing care (adults)
- Care homes providing personal care (adults)
- Clinics
- · Domiciliary care providers
- Further education colleges registered as care homes
- Hospices
- Hospitals in the independent sector
- Independent treatment centres
- Nursing agencies
- Private medical practitioners





## Enquiries

Send enquiries about this notice to the DHSC Medicines Supply Team, quoting reference number SDA/2021/014 - Email: DHSCmedicinesupplyteam@dhsc.gov.uk