



3 September 2021  
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<b>Shortage of RoActemra (tocilizumab) Pre-filled syringe and pre-filled pen, solution for subcutaneous injection (162 mg) Concentrate for solution for infusion (20 mg/ml)</b>	
<b>Indication</b>	<p>RoActemra (tocilizumab) is used to treat adults with rheumatoid arthritis or giant cell arteritis, children from 1 year of age with active systemic juvenile idiopathic arthritis, and children from 2 years of age with juvenile idiopathic polyarthritis.</p> <p>RoActemra can also be used in adults and children from 2 years of age for the treatment of severe or life-threatening cytokine release syndrome (CRS) caused by chimeric antigen receptors (CAR) T-cell medicines.</p>
<b>Reason for shortage</b>	<p>The company holding the marketing authorisation is facing an increase in demand for RoActemra which outweighs current production capacities. This will lead to a shortage of RoActemra in Member States.</p>
<b>Member States affected</b>	<p>The shortage may affect all Member States in which the product is marketed. Currently the shortage affects EU Member States as follows:</p> <ul style="list-style-type: none"><li>• RoActemra 162 mg solution for injection in pre-filled syringe/ pre-filled pen: Austria, Belgium, Bulgaria, Croatia, Czech Republic, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden, the Netherlands</li><li>• RoActemra 20 mg/ml concentrate for solution for infusion (intravenous use): Austria, Belgium, Bulgaria, Estonia, Finland, France, Germany, Ireland, Italy, Latvia, the Netherlands, Norway, Portugal, Slovakia, Slovenia, Spain</li></ul> <p>This information may change. For accurate information about the status of a medicine shortage in a particular Member State the national competent authority should be contacted.</p>

<sup>1</sup> This document was modified on 14 September 2021 to update the list of Member States affected by the shortage of RoActemra 20 mg/ml concentrate for solution for infusion



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**Information to healthcare professionals**

- An increase in demand for RoActemra may lead to a temporary supply shortage of RoActemra 162 mg solution for injection in pre-filled syringe/ pre-filled pen for subcutaneous use (RoActemra s.c.) and RoActemra concentrate for solution for intravenous infusion (RoActemra i.v.)
- Interrupting treatment with RoActemra when used for rheumatoid arthritis (RA) (adults), giant cell arteritis (GCA) (adults), polyarticular juvenile idiopathic arthritis (pJIA) or systemic juvenile idiopathic arthritis (sJIA) may lead to a disease flare up (increased disease activity/worsening symptoms)
- It is therefore important that you reassess the patient's current overall disease condition, treatment regimen and potential risk of flare and consider an alternative treatment if RoActemra is not available.
- If the patient is using RoActemra s.c., you should also consider the number of unused RoActemra pre-filled syringes/pens that the patient has in their possession.
- For patients with **RA, pJIA and sJIA:**
  - If RoActemra s.c. is out of supply, start RoActemra i.v. around 2 weeks after the last RoActemra s.c. injection and re-introduce RoActemra s.c. after the shortage has been resolved (next s.c. dose can be given at scheduled i.v. dose).
  - For RA, sarilumab s.c. (known as Kevzara) is also authorised; consider whether switching the patient to this medicinal product may be appropriate.
  - If i.v. is out of supply, start RoActemra s.c. at the next scheduled i.v. dose. Once the shortage has been resolved, RoActemra i.v. can be reintroduced around 2 weeks after the last s.c. injection.
  - If neither RoActemra s.c. nor i.v. is available, or at your discretion: consider adding/increasing the dose of conventional/biological/targeted oral DMARDs and/or glucocorticoids.
- **For GCA:** as RoActemra i.v. is not approved for GCA, if RoActemra s.c. is out of supply, you may consider restarting or increasing the dose of other treatments (e.g. corticosteroids).

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	<ul style="list-style-type: none"> <li>• <b>For CAR-T-cell-induced CRS:</b> as only RoActemra i.v. is approved for CRS, if the i.v. formulation is out of supply please refer to CRS treatment guidance for potential alternatives.</li> <li>• In some circumstances, patients may have to attend their hospital/clinic to receive alternative treatment.</li> <li>• A <a href="#">direct healthcare professional communication</a> (DHPC) will be sent to healthcare professionals. The DHPC is also available on the <a href="#">EMA website</a>.</li> <li>• Additional advice may be available from the <a href="#">national competent authority</a>.</li> </ul>
<b>Information to patients</b>	<ul style="list-style-type: none"> <li>• An increase in demand for RoActemra has led to a temporary shortage of RoActemra pre-filled syringe or pen (for injection under the skin (subcutaneous injection)) and RoActemra concentrate for solution for infusion (given by a drip into a vein).</li> <li>• Stopping treatment with RoActemra could lead to worsening of your symptoms (disease flare up). Your doctor will assess your overall disease condition and potential risk of flare up and consider a treatment alternative if RoActemra is not available.</li> <li>• If you use RoActemra pre-filled syringes or pens, let your doctor know how many you have left.</li> <li>• Depending on the use, your doctor may switch your treatment to either the pre-filled pen/syringe or the concentrate for solution for infusion, chose another medicine or increase the dose of a medicine you are already taking.</li> <li>• In some circumstances you may have to attend the hospital to receive alternative treatment.</li> <li>• Additional advice may be available from the <a href="#">national competent authority</a>.</li> </ul>
<b>Status</b>	Ongoing