

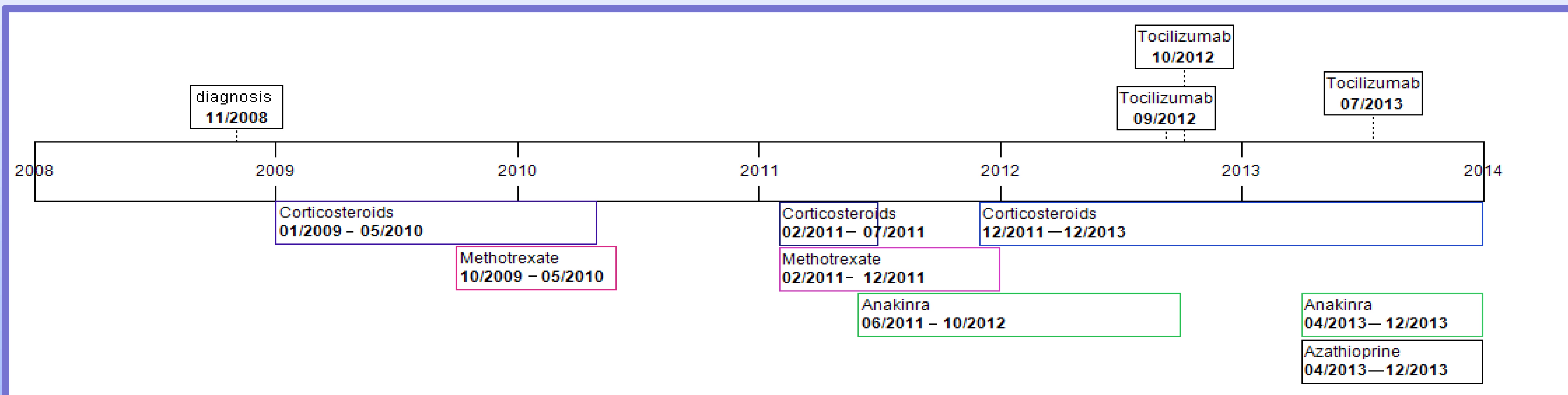
# Design of Tocilizumab desensitization protocol after a hypersensitivity reaction

C. Schwab<sup>1</sup>, E. Gasperi<sup>1</sup>, C. Neukirch<sup>2</sup>, C. Tesmoingt<sup>1</sup>, P. Arnaud<sup>1</sup>, X. Arrault<sup>1</sup>.  
<sup>1</sup>Bichat hospital, Pharmacy, Paris, France. <sup>2</sup>Bichat hospital, Pneumology, Paris, France.

PP-32

## BACKGROUND

Hypersensitivity reactions (HR) may occur after administration of monoclonal antibodies (MA). In order to avoid a switch to a less effective or potentially more toxic treatment, many desensitization protocols (DP) exist. In order to continue the TZB for an allergic patient with Still's disease refractory to conventional treatments, a DP for TZB was initiated.



## MATERIAL AND METHODS

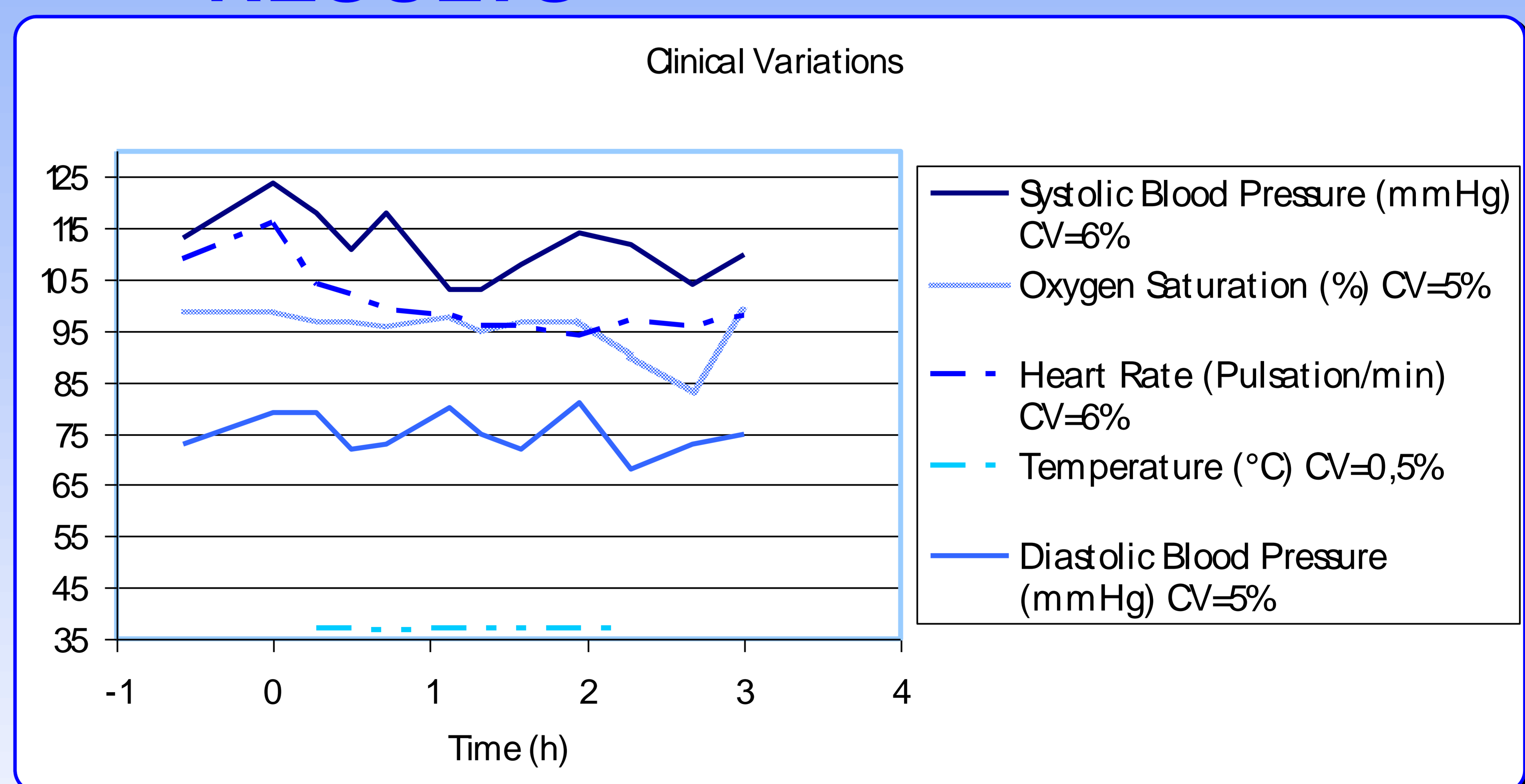
Time (h)	Infusion Rate (mL/h)	Corresponding volume (mL)	Cumulate Dosage (mg)
0-0,5	8	4	20
0,5-1	17	8,33	60
1-1,5	33	16,66	140
1,5-2	58	29,16	280
2-2,5	83	41,68	480

The DP consists of one bag filled with the theoretical dosage, administered at increasing infusion rate. The infusion lasts 2.5h, starting at 20 mg and doubled every 30 minutes with 5 steps, until the total dose, 480mg for our patient.

During the perfusion, the patient was clinically monitored (blood pressure, body temperature, heart rate and oxygen saturation) every 15 min to prevent an HR.

## RESULTS

The patient was clinically stable, during and after the perfusion: she did not develop an HR as skin pruritus, angioedema or anaphylaxis



## CONCLUSION

This DP differs from the others :

- real patient's dosage and not a standard one
- dosage administered in one bag infused continuously
- infusion rate not fixed but depends of the dosage of the step and the infusion time.

**Thanks to this DP, the patient will be able to continue the treatment with TZB for her Still's disease for which there is no other therapeutic alternatives.**