

COVID-19 UPDATE

Keeping You Safe



To: Infectious Diseases, Critical Care Physicians, COVID-19 Unit Physicians, All Prescribers, Nursing, Pharmacy

From: Carina Desramaux, Pharmacy Manager

Date: April 20, 2021

RE: **Tocilizumab critical supply and fixed dose**

In light of province wide drug shortages, the Ontario Critical Care COVID-19 Command Centre (OCCCCC) is requesting that hospitals adopt the Ontario Science Advisory Table's recommendation of prescribing **tocilizumab as a single, fixed dose of 400 mg IV**, when tocilizumab is indicated for the treatment of COVID-19^{1,2}.

Pharmacy will continue to communicate tocilizumab supply daily to Infectious Diseases and Critical Care physicians, and will also inform of any Provincial updates.

Ordering of tocilizumab for COVID-19 treatment remains **restricted to Infectious Diseases (primary) and Critical Care physicians**.

Two (2) Physicians are required to agree on tocilizumab treatment for a patient prior to initiation of therapy. Infectious Disease Physician must be one of the approvers when available. When not available two Critical Care Physicians may order. Treatment will be **delayed** until second approval is received and documented.

Fixed dose of tocilizumab currently being recommended by Ontario Science Advisory Table^{1,2}:

- Single dose of 400 mg IV

Tocilizumab is recommended for moderately to critically ill adult patients with suspected or confirmed COVID-19 pneumonia who are **on optimal concomitant steroid therapy** according to the following eligibility criteria (based on Ontario Science Advisory Table¹):

Critically ill:

- Hospitalized patients requiring ventilatory and/or circulatory support including high-flow nasal cannula, higher concentrations of oxygen by mask, CPAP, non-invasive ventilation, or invasive mechanical ventilation; **AND** are on optimal dexamethasone therapy; **AND** are within 14 days of hospital admission (or within 14 days of a new COVID-19 diagnosis if nosocomially acquired).

Moderately ill:

- Hospitalized patients newly requiring low-flow supplemental oxygen with a C-reactive protein level of at least 75 mg/L **AND** have evidence of disease progression (i.e. increasing oxygen or ventilatory requirements) despite 24-48 hours of optimal dexamethasone therapy; **AND** are within 14 days of hospital admission (or within 14 days of a new COVID-19 diagnosis if nosocomially acquired).

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Thunder Bay Regional
Health Sciences
Centre

Tocilizumab Exclusion Criteria for COVID-19 Treatment:

- Known hypersensitivity to Tocilizumab
- Non-COVID confirmed co-existing infection such as latent or active TB, fungal infections, Hepatitis B, etc.
- Baseline AST or ALT greater than 5 x ULN
- Baseline platelets less than 50
- ANC less than 2
- Pre-existing condition requiring ongoing pharmacological immunosuppression
- Admitted for more than 14 days with COVID-19 signs and symptoms (or greater than 14 days of new COVID-19 diagnosis if nosocomially acquired)

Please refer to Ontario Science Advisory Table links below and TBRHSC's tocilizumab parenteral manual for additional information.

Please contact pharmacy if any questions.

Thank you,

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References:

1. ON COVID-19 Science Advisory Table April 6, 2021 Clinical Practice Guideline Summary: <https://covid19-sciencetable.ca/sciencebrief/clinical-practice-guideline-summary-recommended-drugs-and-biologics-in-adult-patients-with-covid-19-version-2-0/>
2. ON COVID-19 Science Advisory Table April 19, 2021 Brief: Strategies to Manage Tocilizumab Supply During the COVID-19 Pandemic (<https://covid19-sciencetable.ca/sciencebrief/strategies-to-manage-tocilizumab-supply-during-the-covid-19-pandemic/>)