# 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

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## RE: Tocilizumab supply and dose banding

In light of improvements in provincial tocilizumab stock, the Ontario Critical Care COVID-19 Command Centre (OCCCC) has announced that hospitals may revert to previous weight-based dosing recommendations for tocilizumab<sup>1</sup>.

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.

## Weight-based dose banding strategy using actual body weight<sup>1</sup> for a single dose:

- 800 mg if weight >90 kg
- 600 mg if weight >65 kg and ≤90 kg
- 400 mg if weight >40 kg and ≤65 kg
- 8mg/kg if weight ≤40 kg

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 Table<sup>1</sup>):

# Critically ill:

Hospitalized patients requiring ventilatory and/or circulatory support including highflow 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).



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# 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).

## 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.

All Hospital COVID-19 updates and resources are available on the iNtranet at https://comms.tbrhsc.net/covid-19-information/

