TOCILIZUMAB GUIDANCE IN ADULT COVID-19 PATIENTS

CONSIDER TOCILIZUMAB:
- COVID-19 infection confirmed through microbiological testing or where there is a high level of confidence in a clinical and/or radiological diagnosis of COVID-19:
  - As an adjunct to dexamethasone therapy in rapidly progressing disease OR
  - If an IL-6 inhibitor has not already been administered, and within 24-48 hours of commencing respiratory support, defined as high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation.

ADDITIONAL NOTES:
- Consultant decision to initiate treatment.
- Tocilizumab is UNLICENSED for management of COVID infection.
- The RECOVERY announced findings in Feb 2021 of tocilizumab significantly improving survival and other clinical outcomes in COVID-19 patients with hypoxaemia and systemic inflammation. The interim position statement from the Scottish Government suggests that clinicians should consider prescribing in a defined cohort of patients with COVID-19. Trials to date have demonstrated tocilizumab to be safe providing the usual cautions/exclusions are applied.

CONSIDER THE FOLLOWING EXCLUSIONS / CAUTIONS:
- INFECTION: exclude severe infections other than COVID-19 that might be worsened by tocilizumab; caution in those with history of recurring or chronic infections or underlying conditions which may predispose to infection. If history of TB, hepatitis B or living abroad, seek ID advice prior to prescribing.
- IMMUNOSUPPRESSION: No pre-existing condition or treatment resulting in immunosuppression.
- HEPATIC FUNCTION: ALT > 5 times upper limit of normal (caution if ALT > 1.5 times upper limit of normal).
- FULL BLOOD COUNT: Use cautiously if neutropenic or thrombocytopenic.
- DRUG INTERACTIONS: check and d/w pharmacist if required.
- PREGNANCY: Tocilizumab should be avoided in pregnancy and breast-feeding. Women of child-bearing potential must use effective contraception for 3-months after treatment.

DOSAGE/DURATION/REVIEW:
- The recommended dose is 8mg/kg to be administered as an intravenous infusion. The total dose should not exceed 800mg.
- Tocilizumab should not be infused concomitantly in the same IV line with other medications.

<table>
<thead>
<tr>
<th>Weight</th>
<th>Dose</th>
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<tbody>
<tr>
<td>&lt; 41kg</td>
<td>8 mg/kg rounded to 20mg</td>
</tr>
<tr>
<td>≥ 41kg and ≤ 45kg</td>
<td>360mg</td>
</tr>
<tr>
<td>≥ 46kg and ≤ 55kg</td>
<td>400mg</td>
</tr>
<tr>
<td>≥ 56kg and ≤ 65kg</td>
<td>480mg</td>
</tr>
<tr>
<td>≥ 66kg and ≤ 80kg</td>
<td>600mg</td>
</tr>
<tr>
<td>≥ 81kg and ≤ 90kg</td>
<td>680mg</td>
</tr>
<tr>
<td>≥ 91kg</td>
<td>800mg</td>
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</tbody>
</table>

Tocilizumab should be diluted in a 100ml bag sodium chloride 0.9%, after removing an equivalent volume of sodium chloride (total end volume 100mL). See full monograph: Tocilizumab - Medusa monograph

- Administer over 1 hour.
- Record patient details on stock log kept on front of fridge, to allow stock control, monitoring and reporting to SG.
- A single dose is to be administered.
- Monitor FBC and LFTs before and after treatment initiation
- Add note to problem list on patients Ekora record
- Clearly document treatment on Portal Discharge form the dose and date tocilizumab was administered, with a warning that immunosuppression continues for 3 months post-administration.
- Counsel patients on infection risk and recognising signs/symptoms of infection for 3 months after discharge.

SUPPLIES:
Supplies are being organised centrally by NHS Scotland. LOCALLY STOCK WILL BE KEPT in the fridge within: cHDU, cICU, ward 17 (COVID 2) and ward 42 (COVID 1).