William Osler Health System

[PLACE PATIENT LABEL HERE]

Approval Form for Moderately Ill Patients with COVID-19 – Immunomodulatory Agents

Definition: *Patients newly requiring low-flow oxygen support and admitted to hospital*

COVID-19 treatment recommendations adapted from the Ontario Science Advisory Table

- Dosing Recommendations:
  - Tocilizumab or Sarilumab 400 mg IV x 1 dose
  - Baricitinib 4 mg PO/NG/GT daily (eGFR 60 mL/min or greater) or 2 mg PO/NG/GT daily (eGFR 30-59 mL/min) or 2 mg PO/NG/GT every 2nd day (eGFR 15-29 mL/min) up to 14 days (or until discharge if sooner)
    - Avoid use in patients with absolute lymphocyte count (ALC) less than 0.2 x 10^9/L, absolute neutrophil count (ANC) less than 1 x 10^9/L or AST/ALT greater than five times upper limit of normal
- COVID-19 therapies will be dispensed upon receipt of this completed approval form AND an accompanying order
- Prescribers must dictate a note describing the informed consent discussion and attainment of prescribing criteria

Tocilizumab, Sarilumab or Baricitinib *(depending on availability)*

Inclusion Criteria *(Note: All boxes must be checked off)*	**YES**	**NO**
Requiring low-flow supplemental oxygen (40% FiO_2 or higher)	☐	
Evidence of systemic inflammation (CRP 75 mg/L or higher)	☐	
Dexamethasone therapy has been started but without other ongoing immunosuppression	☐	
Evidence of disease progression (e.g. increasing oxygen requirements) despite 24-48 hours of dexamethasone therapy	☐	
Within 14 days of hospitalization **OR** within 14 days of a new COVID-19 diagnosis if nosocomial acquired (Date of Admission: _____)	☐	

Exclusion Criteria *(Note: All boxes must be checked off)*	**YES**	**NO**
Severe hypersensitivity (e.g. anaphylaxis) to chosen therapy		☐
For Baricitinib eGFR less than 15 mL/min		☐
For Tocilizumab or Sarilumab Platelet count below 50 x 10^9/L		☐
For Tocilizumab or Sarilumab ALT or AST above five times the upper limit of normal		☐

COMMENTS:

REQUIRED APPROVALS	**NAME**	**SIGNATURE**	**DATE**
Ordering Prescriber			
Supporting Infectious Disease Physician OR Intensivist (ICU or CCRT)			

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Approved by: Medical Advisory Committee January 12, 2022
Created: January 12, 2022