

[PLACE PATIENT LABEL HERE]

Approval Form for Use of Tocilizumab for COVID-19 Pneumonia

Osler COVID Clinical Response Committee (CCRC) Recommendations:

1. Tocilizumab may benefit moderately ill and critically ill patients with suspected or confirmed COVID-19 infection.
2. **It is recommended to prescribe a single dose of 400 mg (to be given intravenously) regardless of the patient's body weight.**
3. Tocilizumab will be dispensed upon receipt of this completed approval form AND an accompanying order.
4. In the event of limited tocilizumab supply (less than 10 available doses), eligible patients will be assessed twice daily at 9 am and 3 pm. Randomization may be required.
5. Physicians must dictate a note describing the informed consent discussion and the fact that the patient meets the criteria.

CCRC recommends an informed discussion with patients who meet the following criteria for tocilizumab therapy for COVID-19:

Inclusion Criteria for MODERATE ILLNESS <i>(Note: all boxes must be checked off)</i>	YES	NO
Requiring low-flow supplemental oxygen (at least 40% oxygen by face mask)		
Evidence of systemic inflammation (CRP 75 mg/L or higher)		
Dexamethasone therapy has been started but without other ongoing immunosuppression.		
Evidence of disease progression (i.e. increasing oxygen requirements over the past 24-48 hours (or at least on day 2 of hospital stay)) despite dexamethasone therapy		
Has been hospitalized for a total of less than 14 days (DATE OF ADMISSION: _____) OR within 14 days of a new COVID-19 diagnosis if nosocomial acquired		

OR

Inclusion Criteria for CRITICAL ILLNESS <i>(Note: all boxes must be checked off)</i>	YES	NO
Requiring invasive mechanical ventilation or oxygen by high flow nasal cannula (FiO ₂ 0.50 or greater) or non-rebreather and/or who are on vasopressors or inotropes		
Dexamethasone therapy has been started but without other ongoing immunosuppression.		
Referred to the Critical Care service and is deemed to be a candidate for critical care admission. *This does not require that the patient is physically within the physical Critical Care Unit.*		
Has been hospitalized for a total of less than 14 days (DATE OF ADMISSION: _____) OR within 14 days of a new COVID-19 diagnosis if nosocomial acquired		

Exclusion Criteria <i>(Note: all boxes must be checked off)</i>	YES	NO
Condition or treatment resulting in ongoing immunosuppression including neutropenia (ANC below 2)		
Platelet count below 50		
ALT or AST above five times the upper limit of normal		
Known hypersensitivity to tocilizumab		
Death is imminent		

COMMENTS:

REQUIRED APPROVALS:

	NAME	SIGNATURE	DATE
Ordering Physician*			
Supporting Infectious Diseases Physician OR Intensivist (ICU or CCRT)			

*If ordered by ID or ICU/CCRT, then a second supporting signature is not required.

This form is to be completed in advance. Maintain a copy of the form along with the order in the chart. Scan the form and the order to Pharmacy.

