Adult Tocilizumab (Actemra®) Non-Formulary Criteria

Valid orders must meet the following criteria –

- ☐ **Requested by Infectious Diseases, Pulmonology, or Critical Care consultants**
- ☐ **Confirmed positive COVID-19 viral test**
- ☐ **Severity Score of 1-2 AND CRP ≥ 7.5 mg/dL (75 mg/L) 24 hours after corticosteroid initiation OR Severity Score ≥ 3 [provider may initiate immediately]:**

COVID-19 Severity Score

- ☐ 0 = Breathing Room Air
- ☐ 1 = Requires O2 via Nasal Canula (NC) up to max 6L
- ☐ 2 = Requires O2 via NC and ONE of the following:
  - Dyspnea or staccato speech at rest / minimal activity
  - RR >22 on 6L
  - PaO2 <65mmHg on 6L
  - Worsening infiltrates on imaging
- ☐ 3 = High Flow Nasal Canula (HFNC), CPAP, BiPAP or NIV
- ☐ 4 = Intubated

- ☐ **Is NOT pregnant/breast feeding and no known hypersensitivity reactions to tocilizumab**
- ☐ **ALT/AST is NOT > 5 times the upper limit of normal** *[CMP required before initiation of therapy]*
- ☐ **Absolute neutrophil count (ANC) is NOT < 500 and/or Platelets < 50** *[CBC required before initiation of therapy]*

If all criteria are NOT met - contact the provider to notify criteria are not met and recommend revisiting in 24-48 hours and/or repeating the relevant labs to follow the trend as necessary. After discussing with the provider discontinue the order.
If all criteria are met – proceed with tocilizumab order entry/verification in MedManager.

Pharmacy Requirements

- **Pharmacists must contact the ordering provider under the following circumstances:**
  - Severity Scale 1-2 and dexamethasone/steroids have not been initiated for at least 24 hours
    - Example: Patient on 2L NC on admission, consultant orders Actemra/remdesivir/dex/plasma same day.
  - Severity Scale 1-2 **without elevated CRP**.
  - **Repeat doses – tocilizumab is only approved as a one-time dose without option to repeat.**
  - Mild-moderate disease (patients not requiring supplemental oxygen) at time of order
  - ALT/AST > 5 times the ULN (soft stop for consultants); absolute contraindication if ≥ 10x ULN
  - Known hypersensitivity reaction or pregnancy/breastfeeding
  - COVID-19 viral test negative or unknown COVID-19 status at time of initiation of therapy
  - Platelets < 50 or ANC < 500 *(% segmented neutrophils + % band neutrophils) *WBC = ANC)*
- **Pharmacists are not required to, but may if concerned, contact the ordering provider under the following circumstances:**
  - Stable oxygenation without documented disease progression (Ex: 2L O2 via NC x3 days at time of order)
  - Possible active bacterial/fungal infection
  - Ordered by non-approved consultant under direct instruction from ID/CC/Pulm clearly documented in a note
- **Interventions pertaining to tocilizumab usage should be documented within TheraDoc when communication to an ordering provider occurs.**

Table 1. Tocilizumab Relevant Order and Monitoring Information

Drug	Dosing/Rounding	Order Entry	Monitoring	Adverse Effects	Notes
Tocilizumab (Non-formulary) *200 mg / 400 mg vials*	90 - 100 kg: 800 mg 65 - <90 kg: 600 mg 40 - <65 kg: 400 mg ***Repeat doses are not recommended****	Tocilizumab 8 mg/kg once (rounded per nomogram) NS to total volume 100mL (Ex: 40 mL toci+60 mL NS)	CMP (at least 2x/week) CBC (at least 3x/week)	Neutropenia Anemia Hepatotoxicity Risk of Infection Hypersensitivity	Avoid with concurrent bacterial or fungal infections, or in pregnancy/breastfeeding

Do not place this form in the pharmacy manager's mailbox. Contact the ID pharmacist during standard hours for additional support – 66026.