

Emergency Use Authorization (EUA) of Tocilizumab (Actemra®)

1. Overview of EUA of Tocilizumab for the Treatment of COVID-19

- a. Tocilizumab is an interleukin-6 (IL-6) inhibitor that may block the inflammatory pathway and prevent disease progression
- b. Tocilizumab is FDA-approved for many autoimmune and rheumatologic diseases, but is not currently FDA-approved for the treatment of COVID-19
- c. FDA has authorized tocilizumab for emergency use for the treatment of COVID-19 in hospitalized adults and pediatric patients (2 years of age and older) who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive ventilation (NIV) or invasive mechanical ventilation (IMV), or extracorporeal membrane oxygenation (ECMO)

2. Which Patients May Benefit from Tocilizumab?

- a. Eight RCTs evaluated tocilizumab for COVID-19, but only two RCTs showed mortality reduction in patients with elevated inflammatory markers, and rapidly progressing oxygen requirements to HFNC, NIV, and IMV
- b. For more detailed information, please refer to the tocilizumab monograph as well as [IDSA](#) and [NIH](#) guidelines
- c. Parkland Antimicrobial Stewardship subcommittee and Pharmacy & Therapeutics (P&T) Committee approved the following criteria for non-formulary requests based on available literature and guidelines

Approval Criteria
<ul style="list-style-type: none">• Confirmed COVID-19• CRP > 7.5mg/dL• Within 48 hours of commencement of respiratory support (high flow nasal cannula, CPAP, non-invasive ventilation, ECMO, or invasive mechanical ventilation)• Received or concurrently receiving corticosteroids (unless contraindicated)

3. Tocilizumab is NOT Recommended in the Following Patients

- a. AST/ALT > 10 x ULN
- b. Significant immunosuppression, including recent use of other biologic immunomodulating drugs
- c. An uncontrolled, serious bacterial, fungal, or non-SARS-CoV-2 viral infection
- d. Absolute neutrophil count < 500 cells/ μ L
- e. Platelet count < 50,000 cells/ μ L
- f. Gastrointestinal perforation
- g. Prior hypersensitivity reactions to tocilizumab

4. Dosing and Monitoring

- a. Tocilizumab will be limited to a single 60-minute intravenous infusion based on actual body weight
 - >90 kg: 800 mg
 - >65 and \leq 90 kg: 600 mg
 - >40 and \leq 65 kg: 400 mg
 - \leq 40 kg: 8mg/kg

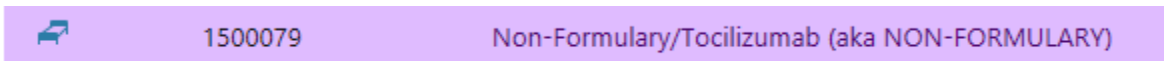
- b. Common adverse reactions seen in COVID-19 patients include constipation, anxiety, diarrhea, insomnia, hypertension, and nausea
- c. Serious side effects may include serious bacterial infections, elevated AST or ALT levels, and hypersensitivity reactions including anaphylaxis

5. Mandatory FDA Requirements for Prescribing EUA Tocilizumab

- a. Patient Communication Requirement
 - Review the information in the “**Fact Sheet for Patients, Parents and Caregivers**”
 - Provide this document to the patient or their caregiver prior to the patient receiving tocilizumab
 - [English Version](#) / [Spanish Version](#)
- b. Chart Documentation Requirement
 - Use smartphrase “**.EUATOCILIZUMAB**” which will document the following:
 - The EUA fact sheet has been given to the patient
 - The patient or caregiver has been informed of alternatives to receiving tocilizumab
 - The patient or caregiver has been informed that tocilizumab is not FDA approved for COVID-19, but is authorized for use under the EUA
- c. Medication errors and serious adverse events considered to be potentially related to tocilizumab must be reported within 7 days from onset of event through FDA’s [MedWatch Adverse Event Reporting program](#). Providers can complete and submit the report [online](#); or download and complete the [form](#), then submit it via fax at 1-800-FDA-0178. FDA MedWatch forms should also be provided to Genentech.
- d. Additional information can be found in the EUA’s [Fact Sheet for Healthcare Providers](#) and/or [FAQ](#)

6. Ordering EUA Tocilizumab

- a. Tocilizumab for COVID-19 must be entered as a non-formulary request
- b. Prefilled non-formulary order for tocilizumab can be ordered in Epic by searching “tocilizumab”



- c. Dose must be entered in “mg” based on weight. Refer to the section on **Dosing and Monitoring**.



7. Pharmacist Role in Non-formulary Review

- a. Decentral pharmacist will page the appropriate on-call pharmacist when a non-formulary request is entered
 - Weekdays (0700 – 1700): Infectious Diseases Pharmacist
 - Weekdays (1700 – 0700): Weekend/Afterhours Pharmacist
 - Weekends or Holidays (24h): Weekend/Afterhours Pharmacist
- b. The on-call pharmacist will review the request and follow up with the ordering provider as needed
- c. If approved, the on-call pharmacist will write a chart note detailing the outcome of their review
- d. If approved, decentral pharmacist will process the non-formulary order and schedule administration

Please direct additional questions to members of the Antimicrobial Stewardship Team:

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