TOCCV1_ver6.0 Interim Clinical Commissioning Policy: Tocilizumab for hospitalised patients with COVID-19 (adults)			
Patient NHS No:		**Trust:**	
Patient Hospital No: *		**Practice Code:**	
Patient's Initials and DoB:		**GP Postcode:**	
Choose Consultant:	Search by Co select		
Consultant Name: *		**Other Contact Details:** *	
Notification Email Address: (NHSE accredited domains ONLY)			
Treatment Start Date:			

Please indicate whether patient meets the following criteria:	**Please tick**
1. I confirm that the patient is an adult with SARS-CoV-2 infection* * In the absence of a confirmed virological diagnosis, tocilizumab should only be used when a multidisciplinary team have a high level of confidence that the clinical and radiological features suggest that COVID-19 is the most likely diagnosis.	Yes No * Required
2. I confirm the patient has yet to receive treatment with an IL-6 inhibitor on this admission for COVID-19	Yes No * Required
3. I confirm intravenous tocilizumab has been prescribed** as the patient is an adult who is hospitalised and receiving dexamethasone or an equivalent corticosteroid (unless contra-indicated) *** and: **Option 1:** Has a C-reactive protein level of at least 75mg/L; AND an oxygen saturation of <92% on room air OR requirement for supplemental oxygen **OR** **Option 2:** The patient Is within 48 hours**** of commencement of respiratory support (high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation) **The decision to initiate treatment with tocilizumab should be made by the receiving consultant and with the support from multi-disciplinary colleagues in cases of uncertainty ***Patients are expected to be on a corticosteroid as the current standard of care, except where there is a strong contraindication against its use. Patients may be commenced on	Yes No * Required

both a corticosteroid and tocilizumab simultaneously if deemed clinically appropriate. ****The principle is to treat patients as early as possible in their critical illness **Please select which option applies:** ☐ Option 1 ☐ Option 2	
4. I confirm the patient will receive tocilizumab according to the Interim Clinical Commissioning Policy Position Statement: IL-6 inhibitors (tocilizumab or sarilumab) for hospitalised patients with COVID-19 pneumonia (adults)***** and does not meet any of the exclusion criteria ***** As part of the interim clinical policy hospitals are strongly encouraged to submit data through the ISARIC 4C Clinical Characterisation Protocol (CCP) case report forms (CRFs), as coordinated by the COVID-19 Clinical Information Network (CO-CIN)	○ Yes ○ No * Required
5. I confirm the patient will receive one infusion of 8mg/kg (max 800mg)	○ Yes ○ No * Required
6. I confirm that the patients GP will be informed that they have received tocilizumab OR the patient is not currently registered with a GP and will be counselled accordingly on discharge.	○ Yes ○ No * Required