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**Ward I.V. Preparation Sheet for Tocilizumab**

**for patients hospitalised with COVID 19 pneumonia**

**Dose:**

Tocilizumab should be administered as an intravenous infusion at a dose of 8mg/kg up to a maximum dose of 800mg. The following dose bandings are suggested:

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| --- | --- | --- |
| **Actual Body Weight** | **Dose** | **Tocilizumab Volume 20mg/ml** |
| <41kg | 8mg/kg  round to nearest 20mg |  |
| ≥ 41kg and ≤ 45kg | 360mg | 18ml |
| ≥ 46kg and ≤ 55kg | 400mg | 20ml |
| ≥ 56kg and ≤ 65kg | 480mg | 24ml |
| ≥ 66kg and ≤ 80kg | 600mg | 30ml |
| ≥ 81kg and ≤ 90kg | 680mg | 34ml |
| ≥91kg | 800mg | 40ml |

**Starting components**

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| --- | --- |
| **Tocilizumab vials**  **20mg/ml**  **Store in a fridge** | 80mg / 4ml |
| 200mg / 10ml |
| 400mg / 20ml |
| Sodium Chloride 0.9%  Infusion bag | 100ml |

**Equipment used**

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| Clinell wipes  Syringe of appropriate size for volume required  Needles  Infusion set |

**Method of Preparation**

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| 1. Check dose on prescription & calculate volume to measure from table above 2. Swab bungs on vials & bag with Clinell wipe & allow to dry 3. Draw out of 100ml bag the volume equivalent to Tocilizumab volume required & discard 4. Take new syringe & needle, then draw up volume required of Tocilizumab from vials. 5. Add to 100ml bag 6. Invert gently to mix**, do not shake**. 7. Label infusion and record batch number of product given on drug chart 8. Attach standard infusion set |
| Notes:  Only use solutions that are clear, colourless to pale yellow and particle free. Dispose of any waste in a standard sharps bin. |

**Expiry**

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| For immediate use |

**Administration**

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| **Infuse over 1 hour**  Monitor for hypersensitivity reactions during infusion and for 1 hour post infusion  Flush line with sodium chloride 0.9% |

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| --- | --- | --- | --- | --- | --- | --- |
| Effective date | Revision date | Doc Ref | Supersedes | Aseptic Svr Mgr Approval | Clinical ITU  Pharmacist Approval | Page  1 of 1 |
| 21.1.2021 | 01.01.2024 | Ward.Toc.03 |  |  |  |

**Process for prescribing and authorising the supply of Tocilizumab for patients admitted to a High Dependency setting on Farley RCU or Radnor with COVID 19 pneumonia**

**Eligibility** :-

The patient is an adult who is hospitalised with COVID-19 infection confirmed by microbiological testing or where a MDT has a high level of confidence that the clinical / radiological features suggest that COVID-19 is the most likely diagnosis

Patient is receiving dexamethasone or an equivalent corticosteroid (unless contra-indicated). 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 both a corticosteroid and tocilizumab simultaneously if deemed clinically appropriate

The decision to treat with tocilizumab should be made by two consultants, of whom one should be experienced in respiratory support. The prescribing consultant on RCU in working hours will usually be a Respiratory Consultant (or on advice of ICU consultant for some patients).

Option 1 or 2 below must apply:  
  
**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 principle is to treat patients as early as possible in their critical illness

**Exclusion criteria**

Tocilizumab should not be administered in the following circumstances:

• Known hypersensitivity to tocilizumab

• Co-existing infection that might be worsened by tocilizumab

• A baseline alanine aminotransferase (ALT) or aspartate aminotransferase (AST) more than 5 times the upper limit of normal (caution is recommended if hepatic enzymes are more than 1.5 times the upper limit of normal)

• A pre-existing condition or treatment resulting in ongoing immunosuppression.

**Prescribing notes :-**

Prescribing consultant to discuss with patient the off-label nature of using Tocilizumab to treat COVID 19 pneumonia and obtain patient‘s verbal consent when possible.

Prescribing consultant completes a Blueteq form (Microguide) and forwards to pharmacy using the e-mail address : - [shc-tr.SFTPharmacyHomecare@nhs.net](mailto:shc-tr.SFTPharmacyHomecare@nhs.net)

Prescribing consultant prescribes the Tocilizumab on the once only medicines section of the drug chart. Dose to be given in 100ml of sodium chloride 0.9% over 1 hour.

At weekends, patients requiring treatment should be identified to Pharmacy by 1pm so no need to involve the on call Pharmacist out of hours.

Tocilizumab doses will be made up on Farley RCU or Radnor.

Patients where there is ambiguity as to whether Tocilizumab should be prescribed or not there should be further discussion with another Respiratory/ICU consultant.

The batch numbers of the tocilizumab vials will be recorded by Pharmacy when dispensed and by the ward staff on the drug chart when administered.

Tocilizumab administration does not need to be routinely delayed until after clinical ICU review.

The patient’s transfer to ICU should not be delayed until after administration of tocilizumab.

Consultant to consider the need for a second dose after 12 to 24 hours as per the interim position statement.

Tocilizumab (IL-6 inhibitor) is an immunosuppressant which can suppress C-Reactive Protein (CRP) response for up to 3 months after administration. These treatments can therefore lower the ability of the immune system to fight infections which could increase the risk of getting an infection or make any infection the patient contracts worse. It also causes prolonged depression of CRP levels, making it a less reliable marker of active infection. All handovers of clinical care (including between hospitals if patients are transferred, between levels of care and clinical teams within hospitals, and between hospitals and primary care) must also explicitly mention that an IL-6 inhibitor has been given and the date of administration. Pharmacy notify the patient’s GP that they have received tocilizumab by adding a note to the patient Electronic Discharge Summary at the time that the Blueteq form is uploaded.

**Rapid Policy Statement Interim Clinical Commissioning Policy: Tocilizumab for hospitalised patients with COVID-19 pneumonia (adults) - 12 September 2021**

[Interim-clinical-commissioning-policy-IL-6-inhibitors-tocilizumab-or-sarilumab-for-hospitalised-patients-with-.pdf (england.nhs.uk)](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/02/Interim-clinical-commissioning-policy-IL-6-inhibitors-tocilizumab-or-sarilumab-for-hospitalised-patients-with-.pdf)