Rapid Policy Statement

# Interim Clinical Commissioning Policy: Tocilizumab for hospitalised patients with COVID-19 pneumonia (adults)

17 February 2021

## Commissioning position

The commissioning position is: tocilizumab is recommended to be available as a treatment option through routine commissioning for adult patients (aged 18 years and older) hospitalised with COVID-19 in accordance with the criteria set out in this document.

## Evidence summary

On 11 February 2021 the RECOVERY trial announced the findings of tocilizumab use in a broad hospitalised population, which indicated that tocilizumab significantly improved survival and other clinical outcomes in patients with hypoxaemia and systemic inflammation. This policy has been amended to take these results into account.

A rapid evidence review published by the National Institute for Health and Care Excellence (NICE) on 15 January 2021 (https://www.nice.org.uk/advice/es33/chapter/Product-overview), was based on findings from the REMAP-CAP trial and other available evidence at that time. The published evidence review will be updated with the results from the RECOVERY trial.

## Implementation

### Eligibility criteria

Patients must meet all of the eligibility criteria and none of the exclusion criteria. Hospitalised patients are eligible[1] to be considered for tocilizumab if:

- COVID-19 infection is confirmed by microbiological testing or where a multidisciplinary team has a high level of confidence that the clinical and/or radiological features suggest that COVID-19 is the most likely diagnosis.

  AND

[1] 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

- They are receiving (or have completed a course of) dexamethasone or an equivalent corticosteroid[2] (corticosteroid CAS alert) unless contraindicated.

  AND

  - With 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

  - If an IL-6 inhibitor has not been already administered for COVID-19 during this admission and within 24-48 hours[3] of commencement of respiratory support (high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation).

**Exclusion criteria**

Tocilizumab should not be administered in the following circumstances:

- Known hypersensitivity to tocilizumab

**Cautions**

- Co-existing infection[4] that might be worsened by tocilizumab
- A baseline alanine aminotransferase (ALT) or aspartate aminotransferase (AST) more than 5 times the upper limit of normal
- A pre-existing condition or treatment resulting in ongoing immunosuppression.

Please refer to the Summary of Product Characteristics (SmPC) for tocilizumab special warnings and precautions for use, although some may not be relevant for use in the acute setting, as the licensed indications address long-term use.

Caution is necessary when prescribing tocilizumab to patients with neutropaenia or thrombocytopaenia. Please note that C-reactive protein (CRP) levels may be depressed for some time after treatment with tocilizumab.

**Pregnancy and women of childbearing potential**

The SmPC for tocilizumab currently states that: "*Women of childbearing potential must use effective contraception during and up to 3 months after treatment. There are no adequate data from the use of tocilizumab in pregnant women. A study in animals has shown an increased risk of spontaneous abortion/embryo-foetal death at a high dose. The potential risk for humans is unknown. RoActemra should not be used during pregnancy unless clearly necessary."*

The SmPC for tocilizumab should be consulted if further information is required.

For women who are breast-feeding, the SmPC states *"It is unknown whether tocilizumab is excreted in human breast milk. The excretion of tocilizumab in milk has not been studied in animals. A decision on whether to continue/discontinue breast-feeding or to*

[2] 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.
[3] The principle is to treat patients as early as possible in their critical illness.
[4] Any active, severe infection other than COVID-19; caution is advised when considering the use of tocilizumab in patients with a history of recurring or chronic infections or with underlying conditions which may predispose patients to infections.

*continue/discontinue therapy with RoActemra should be made taking into account the benefit of breast-feeding to the child and the benefit of RoActemra therapy to the woman."*

**Dose**

The recommended dose of tocilizumab is 8mg/kg to be administered as an intravenous infusion. The total dose should not exceed 800mg.

Tocilizumab should be diluted in a 100mL bag of 0.9% sodium chloride, after removing an equivalent volume of saline (total volume 100mL) and given over 1 hour[5].

A single dose is to be administered. A second dose should not be considered, given the uncertainty over evidence of additional benefit as well as the need to maximise available supply.

Tocilizumab should not be infused concomitantly in the same IV line with other medications.

**Co-administration**

Corticosteroids

Administration of systemic dexamethasone or hydrocortisone is recommended in the management of patients with severe or critical COVID-19. Corticosteroids are not suggested in non-severe COVID-19 disease. Updated WHO guidance on the use of systemic corticosteroids in the management of COVID-19 can be found here. Tocilizumab should not be regarded as an alternative to corticosteroids.

There is no interaction of tocilizumab with either dexamethasone or hydrocortisone expected. For further information please visit the University of Liverpool COVID-19 Drug Interactions website (https://www.covid19-druginteractions.org/checker).

Remdesivir

The Clinical Commissioning Policy for the use of remdesivir in hospitalised patients with COVID-19 who require supplemental oxygen can be found here. There is no interaction of tocilizumab with remdesivir expected. For further information please visit the University of Liverpool COVID-19 Drug Interactions website (https://www.covid19-druginteractions.org/checker).

**Safety reporting**

This medicine does not yet have a licence (marketing authorisation) for use in COVID-19 and therefore it is vital that any serious suspected adverse reactions are reported directly to the MHRA via the new dedicated COVID-19 Yellow Card reporting site at: https://coronavirus-yellowcard.mhra.gov.uk/.

In addition, treatment with tocilizumab can lower the ability of the immune system to fight infections. This could increase the risk of getting a new infection or make any infection the patient contracts worse. It also causes prolonged depression of CRP levels, making CRP 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 explicitly mention that an IL-6 inhibitor has been given and the date of administration. Clinicians must ensure the GP is aware the patient has received tocilizumab and provide information to the patient to such effect.

[5] The following infusion rate is recommended: 10ml/hour for first 15 minutes then 130ml/hour for the remaining 45 minutes followed by a 20ml normal saline flush.

### Marketing authorisation

Tocilizumab delivered intravenously has marketing authorisation for use in moderate to severe active rheumatoid arthritis, some forms of juvenile idiopathic arthritis and for cytokine release syndrome as part of CAR-T therapy. NHS England also commissions off-label use of tocilizumab for Takayasu arteritis and Still's Disease. **The use of tocilizumab in COVID-19 is off-label.**

## Governance

### Off-label use of medication

Any provider organisation treating patients with these interventions will be required to assure itself that the internal governance arrangements have been completed before the medicine is prescribed. These arrangements may be through the health board/hospital/trust's drugs and therapeutics committee, or equivalent.

### Data collection requirement

Provider organisations in England should register all patients using prior approval software (alternative arrangements in Scotland, Wales and Northern Ireland will be communicated) and ensure monitoring arrangements are in place to demonstrate compliance against the criteria as outlined.

### Clinical outcome reporting

Hospitals managing COVID-19 patients 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) (https://isaric4c.net/protocols/).

### Effective from

This policy will be in effect from the date of publication.

### Policy review date

This is an interim rapid clinical policy statement, which means that the full process of policy production has been abridged: public consultation has not been undertaken. This policy may need amendment and updating if, for instance, new trial data emerges, supply of the drug changes, or a new evidence review is required. A NICE Technology Appraisal or Scottish Medicines Consortium (SMC) Health Technology Assessment or All Wales Medicines Strategy Group (AWMSG) appraisal of tocilizumab for COVID-19 would supersede this policy when completed.

## Equality statement

Promoting equality and addressing health inequalities are at the heart of the four nations' values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010 or equivalent equality legislation) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

## Definitions

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| **COVID-19** | Refers to the disease caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) virus |
| **High-flow nasal cannula** | An oxygen supply system capable of delivering up to 100% humidified and heated oxygen at a flow rate of up to 60L/minute |
| **Continuous positive airway pressure** | A type of positive airway pressure in which air flow is introduced into the airways to maintain a continuous pressure that constantly keeps the airways open |
| **Non-invasive ventilation** | The administration of breathing support for those unable to breathe on their own without using an invasive artificial airway |
| **Invasive mechanical ventilation** | A life support treatment which helps people breathe using an invasive artificial airway when they are not able to breathe enough on their own |