

GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT

Order No.113/COVID-19/2020-21 Date: 01.05.2021

COVID INSTANT ORDER – 113

Sub: HMFWD – COVID-19 – Tocilizumab drug - Committee constituted for allocation to Government and Private hospital - orders –issued –reg.

Ref: - 1. DO Itr No.X.11035/110/2021-DRS(pt), Dt.27.04.2021 from Joint Secretary, Dept.of Pharmaceuticals, MoHFW, New Delhi.

Government hereby constitutes a committee with following members for allocation of Tocilizumab drug to COVID-19 patients in Covid Hospitals (government and private hospitals) in the state in each District.


1. Superintendents of the Teaching Hospital / District Hospital in Vizianagaram and West Godavari
2. DM&HO
3. DCHS
4. Joint Collector (V&WS)

2. Joint Collector Development & V&WS will receive the request for Tocilizumab from the covid hospitals for specific patients and place it immediately before the committee. The patient-wise request from hospitals should have a detailed recommendation of a team of three (3) specialist doctors from the hospital, which is indenting the drug, after assessment of the patient's condition.

3. The committee shall allocate the drug after satisfying the following criteria and allocate the Tocilizumab drug to COVID-19 patients:

- i. No active Bacterial/Fungal/Tubercular infection.
- ii. Not improving despite use of Steroids.
- iii. Significantly raised inflammatory markers (CRP &/or IL-6).
- iv. Presence of severe disease (preferably within 24 to 48 hours of onset of severe disease/ICU admission).

4. The District Collectors shall ensure appropriate action accordingly.


Principal Secretary to the Government

To

All the Collectors and District Magistrates in the state
All Joint Collectors (development) in the state
All the DMHOs/DCHSs in the state

APPLICATION FOR TOCLIZUMAB ALLOCATION

1. Patient & hospital details

Name	
Age	
Gender	
Date of onset of symptoms	
Date of COVID test positive	
Diagnosis	
Treating hospital name	
Date of admission	
Inpatient number	
Treating physician	

2. Treating hospital contact person details:

Name	Contact number	Email

3. RECOMMENDATION OF HOSPITAL-BASED SPECIALIST COMMITTEE:

Present condition of the patient:

- ICU from date:
- Patient is on: CPAP/Ventilator (select one)
- Date since when patient on CPAP/Ventilator:
- Steroids started from date:
- Name of steroid given:
- Cumulative dose of steroid given:
- Antibiotics started from date:

CBP		IL-6		D-dimer	
Serum Creatinine		CRP		Procalcitonin	
LFT		Ferritin		LDH	

- HRCT: CORAD: _____ CT SEVERITY SCORE: _____
- Blood culture reports if available: _____

(Name & Signature)

(Name & Signature)

(Name & Signature)

Specialist 1

Specialist 2

Specialist 3

NOTE : All the above mentioned lab reports need to be sent as annexure

4. Evaluation by Government committee:

	Parameter	Remark
1	Severe disease	
2	Duration of ICU stay (days)	
3	Inflammatory markers - CRP	
4	Inflammatory markers Δ IL6	
5	No improvement with steroids	
6	No active bacterial/fungal/ tubercular infection	

5. TOCILIZUMAB:

Recommended

Not recommended

(Supdt. Of Teaching
Hospital)

Joint Collector
(D,V&WS)

DCHS

DMHO