

INFUSION ORDERS: Tixagevimab and Cilgavimab (EVUSHELD) for COVID-19 Pre-Exposure Prophylaxis

Name: _____ DOB: _____

Medication Allergies: _____

Height: _____ inches Weight: _____ kg Patient Phone #: _____

Emergency use of tixagevimab and cilgavimab (EVUSHELD) is authorized for pre-exposure prophylaxis of COVID-19 disease in adults and pediatric patients (age 12 and older weighing at least 40kg) who are not currently infected with COVID-19 and who have not had a known recent exposure to an individual infected with COVID-19 **AND**

- Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination **OR**
- For whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe allergic reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s).

*Patients with a history of severe hypersensitivity to a COVID-19 vaccine may have an increased risk for allergic reaction to tixagevimab and cilgavimab. EVUSHELD contains polysorbate 80, which is in some COVID-19 vaccines and is structurally similar to polyethylene glycol, an ingredient in other COVID-19 vaccines. For individuals with a history of severe hypersensitivity reaction to a COVID-19 vaccine, consider consultation with an allergist-immunologist prior to administration of tixagevimab and cilgavimab.

Medical conditions or treatments that may result in moderate to severe immune compromise and an inadequate immune response to COVID-19 vaccination include, but are not limited to, the following conditions listed below. Please mark the criteria that makes this patient eligible. Failure to indicate eligibility criteria may result in treatment delay or denial.

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., \geq 20mg prednisone or equivalent per day when administered for \geq 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B-cell depleting agents)

NOTE: This therapy is NOT authorized for use in patients who have not completed a COVID-19 vaccination series (including booster if authorized) unless contraindicated per the criteria above. **Proof of vaccination must be provided prior to injection.**

COVID PRE-EXPOSURE PROPHYLAXIS TREATMENT:

- Screen patient to rule out recent COVID-19 exposure prior to medication administration
- Tixagevimab 300 mg and Cilgavimab 300 mg (EVUSHELD) administered as two separate consecutive intramuscular (IM) injections given at different injection sites, preferably one in each gluteal muscle
- Observe patients for at least 1 hour after the injections are administered for hypersensitivity reactions.
- Adverse Reaction/Anaphylaxis Protocol if necessary (refer to form PO500-022-N-1)
- Ondansetron ODT 4 mg sublingual x 1 as needed for nausea

My signature indicates that I have discussed the risks and benefits of this therapy, including hypersensitivity, bleeding disorders, and serious adverse cardiovascular events and a signed informed consent is attached.

Provider Sign: _____ (Print): _____ Date: _____ Time: _____

Please fax a copy of the completed order and the signed consent form to 406-495-6853

PATIENT IDENTIFICATION:

St. Peter's Health

2475 Broadway • Helena, MT 59601 (406) 442-2480
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for COVID-19 pre-exposure prophylaxis



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