**COVID-19 Pre-Exposure Prophylaxis Order Form (EVUSHELD)**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Sex: ⬜ Male ⬜ Female ⬜ Other Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height:\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_ Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

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| **Indication -** Emergency Use Authorization (non-FDA approved) for **pre**-exposure prophylaxis of COVID-19 in those not currently infected with SARS-CoV-2 and have not had a known recent exposure **and**:   * Have moderate-severe immune compromise ***or*** * Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components |
| **Limitations of Use -** Not authorized for:   * Treatment of COVID-19 * **Post**-exposure prophylaxis * A substitute for vaccination * Those recently vaccinated against COVID-19 (wait at least 2 weeks to administer EVUSHELD in these individuals) |
| **Important Information:**   * Patients must wait for a 1-hour observation and clinical monitoring period post administration (in case of serious hypersensitivity reaction)   **Warnings:**   * Hypersensitivity: Possible, as with any IgG1 monoclonal antibodies * Bleeding disorders: As with any IM injection, use caution * Cardiovascular events: Potential risk of MI and cardiac failure |
| **Vaccination Status**: If vaccinated, indicate date of last vaccine:\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | | * Fully vaccinated & boosted | * Fully vaccinated but not boosted | * Partially vaccinated | * Unvaccinated | |
| **Inclusion Criteria I** - The patient must meet **ALL** of the following:   * 12+ years of age and weighing at least 40 kg * Notcurrently infected with SARS-CoV-2 * Have not had a known recent exposure |
| **Inclusion Criteria** **II** - The patient must meet **ONE** of the following:   * Have moderate-severe immune compromise (due to a medical condition such as active cancer/advanced or untreated HIV/solid organ transplant or receipt of immunosuppressive medications or treatments) * Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components |

**Medication Order:**

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| ⬜ **EVUSHELD -** Tixagevimab 300mg/3mL & Cilgavimab 300mg/3mL (two separate, consecutive IM injections)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prescriber Name Prescriber Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Time |