

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: _____

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-19 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
- Not currently 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-19 vaccine and/or its components

Medication Order:

EVUSHELD - Tixagevimab 150mg/1.5mL & Cilgavimab 150mg/1.5mL (two separate, consecutive IM injections)

 Prescriber Name

 Prescriber Signature

 Date

 Time

Phone: (828) 438-9355 Fax: (828) 433-1211

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