**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
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| **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)
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| **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
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| **Vaccination Status**: If vaccinated, indicate date of last vaccine:\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| * Fully vaccinated & boosted
 | * Fully vaccinated but not boosted
 | * Partially vaccinated
 | * Unvaccinated
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| **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
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| **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
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**Medication Order:**

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