EVUSHELD

Tixagevimab co-packaged with cilgavimab

TOTAL INFUSION
human-centered care

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605
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Name: _____

DOB: _____ Phone: _____

Gender: ☐ Male ☐ Female

Allergies: _____

Weight: _____

DIAGNOSIS (ICD-10 code required):

☐ Z28.04 Immunization not carried out because of patient allergy to vaccine or component
☐ D84.9 Immunodeficiency, unspecified
☐ _____ Other:_____

PROVIDER REMINDERS:

- All orders with a ☑ will be placed unless otherwise noted
- EVUSHELD is NOT authorized for treatment of COVID-19, or for post-exposure prophylaxis
- Patient must be at least 12 years of age and 40kg (88 pounds)
- **Consider the risks and benefits prior to initiating EVUSHELD in individuals at high risk for cardiovascular events**
- **EVUSHELD contains polysorbate 80, which is similar to polyethylene glycol (PEG), an ingredient in some COVID-19 vaccines. Consider consultation with allergy and/or immunology prior to ordering EVUSHELD if the patient has had a severe reaction to the COVID-19 vaccine**
- Follow Up Care is the responsibility of the prescriber

Hold EVUSHELD If:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Severe hypersensitivity reaction to EVUSHELD

Nursing Considerations:

- Clinically monitor individuals after injections and observe for at least 1 hour

Premedications

☑ **No routine premedications necessary.**

Medications (REQUIRED)

Inject EVUSHELD (Tixagevimab 300mg and Cilgavimab 300mg), IM, Once.
Administer the two components of EVUSHELD consecutively, at different sites, preferably one in each of the gluteal muscles.

☐ Initial Dose
☐ Subsequent Dose
Date of Last Dose: _____
Location of Last Dose:
☐ Total Infusion
☐ UCSF
☐ Stanford
☐ _____

☑ May repeat every 6 months from the date of the most recent EVUSHELD dose (order good for one year, two doses)

TREATMENT CRITERIA (REQUIRED):

Patient is NOT currently infected with SARS-CoV-2, has no known recent exposure to an individual infected with SARS-CoV-2 **and**

☐ whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction, or

☐ has moderate to severe immune compromise and may not mount an adequate immune response to COVID-19 vaccination :

Please select patient's medical conditions or treatments:

☐ 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
☐ Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
☐ Advanced or untreated HIV infection
☐ Active treatment with high-dose corticosteroids
☐ Other _____

☑ **HYPERSENSITIVITY/ANAPHYLAXIS MANAGEMENT** per Standardized Procedures

Special Instruction(s):

Provider Signature _____ NPI# _____ Date _____

Printed Name _____ Phone _____ Fax _____

Office Contact _____ Phone _____ Email _____