

OUTPATIENT PROVIDER ORDERS: COVID-19 Monoclonal Antibody Injection Order

COMPLETE AND FAX ORDER TO (802) 447-5658

SARS-CoV-2 Specific EVUSHELD Monoclonal Antibody Allocation

Not all patients will be able to receive drug. Allocation priority is determined by a pre-defined protocol.

Patients eligible to receive drug will be contacted by Surgical Scheduling within 48 hours.

Pharmacy to dispense Evusheld or Equivalent Monoclonal Antibody for pre-exposure prophylaxis based on availability.

Provider Name: _____ **Date:** _____

Provider Fax: _____ **Provider Telephone:** _____

Number of Pages: _____ **Provider Email:** _____

Comments: _____

ORDER PROCESS: Please follow the steps outlined below to evaluate patients for Evusheld (tixagevimab/cilgavimab) or Equivalent Monoclonal Antibody treatment for pre-exposure PROPHYLAXIS.

1. Evaluate patient for high-risk criteria (by phone, face-to-face, or telehealth)
2. Confirm patient is not currently infected with SARS-CoV-2
3. Confirm patient has not had a known recent exposure to an individual infected with SARS-CoV-2
4. Complete clinical note that documents high-risk criteria and review of patient fact sheet (verbal review is acceptable)
5. Monoclonal antibody injection will be orderable Monday-Friday and infusions will be scheduled the following business day once the order is received
6. Complete order set. **For non SVMC Practices, provide and fax the following to (802) 447-5658:**
 - Clinical visit note
 - Patient demographics, including insurance information
 - Documentation that the fact sheet has been verbally reviewed with the patient (documentation may be included within the clinical visit note)

FORM MUST BE COMPLETE AND SIGNED BY THE PROVIDER TO BE CONSIDERED FOR Monoclonal Antibody Injection for Outpatient Treatment of COVID-19	
Patient Name:	Phone:
DOB:	Weight (kg):
Diagnosis: COVID-19 pre-exposure PROPHYLAXIS	Allergies:

SARS-CoV-2 Evusheld (Tixagevimab/Cilgavimab) Monoclonal Antibody DOSING

Pharmacy can interchange between Evusheld or Equivalent Monoclonal Antibody with
EUA for Outpatient COVID-19 treatment per P & T Protocol based on availability

Tixagevimab 300mg (3mL) IM injection and Cilgavimab 300mg (3ml) IM injection

-Administer the two components consecutively

-Administer IM injections at different injection sites

-Preferably one in each gluteal muscle, one after another

- Equivalent Monoclonal Antibody for pre-exposure prophylaxis of COVID-19: _____

OUTPATIENT PROVIDER ORDERS: COVID-19 Monoclonal Antibody Injection Order

SARS-CoV-2 Evusheld Monoclonal Antibody CRITERIA FOR USE

Patient must meet ALL criteria to be eligible for Evusheld (tixagevimab/Cilgavimab) or equivalent available Monoclonal Antibody with EUA for pre-exposure prophylaxis of corona virus 2019 consideration.

- NOT** currently infected with SARS-CoV-2 and **NO recent exposure** to an individual infected with SARS-CoV-2
AND
- Moderate to severe immune compromise diagnosis
- Receiving Immunosuppressive treatment
- May not amount an adequate immune response to a COVID-19 vaccination
- Not recommended to receive a COVID-19 vaccination due to severe adverse reaction to vaccine the itself and/or vaccine components.

- High risk (Moderate to Severe Immune compromise -defined as meeting one or more of the following criteria (select all that apply):
 - 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
 - Advanced or untreated HIV infection
 - Active treatment with high-dose corticosteroids, alkylating agents, antimetabolites, chemotherapeutic agents, TNF blockers, and other biologic agents that are immune suppressive or immune modulating

- Patient / caregiver has received MAB fact sheet
- Patient / caregiver informed treatment is under Emergency Use Authorization
- Patient / caregiver agreed to treatment with either drug

MONITORING

1. Clinically monitor patients during infusion and for at least 1 hour after injection is completed
2. If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue administration and initiate appropriate medications and/or supportive therapy (see ADVERSE REACTIONS below)

ADVERSE REACTIONS	
MINOR REACTIONS (e.g. nausea, itching, joint pain, rash)	SEVERE REACTIONS (e.g. bronchospasm, loss of airway, fainting, severe flushing)
IF NOT ALREADY GIVEN , do not administer second injection	START CPR AND CALL EMS
DiphenhydrAMINE 50 mg IV Push Once	IF NOT ALREADY GIVEN , do not administer second injection
Notify Provider	EPINEPHrine 0.3 mg/0.3 ml Subcutaneous Once
	Oxygen PRN
	Notify Provider

Physician signature

Date/Time