

EVUSHELD COVID-19 Prophylaxis Order Form

****COMPLETE ALL FIELDS TO AVOID TREATMENT DELAYS****

Patient Information: Patient Name: _____ DOB: _____ SS#: _____
 Insurance Company: _____ Group ID: _____ Member ID: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Male Female Ht: _____ in/cm Wt: _____ lb/kg
 Allergies: NKDA _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____
*****Please fax with order form:** • Current medication list • Copy of insurance card

Diagnoses:

- Z28.04 Immunization not carried out because of patient allergy to vaccine or component
- Z28.09 Immunization not carried out because of other contraindication
- Immunosuppressive therapy or disease: _____ ICD-10: _____
 (see page 2 for suggested codes if applicable)

Did patient get dose of EVUSHELD previously? No Yes. Dose: _____ Date: _____

COVID vaccination status:

- Vaccinated (date of final dose): _____. Is this within 2 weeks from today? (YES/NO)
- Unvaccinated. Reason: _____

Eligibility:

Exclusion Criteria (If patient meets any of the following, they are not eligible for treatment):

- Individuals with previous severe hypersensitivity reactions, including anaphylaxis, to EVUSHELD.
- Received COVID-19 vaccine < 2 weeks
- Currently infected with SARS-CoV-2
- Recent exposure to an individual infected with SARS-CoV-2

Inclusion Criteria:

- Patient must be \geq 12 years old (Age: _____), AND weigh \geq 40 kg (Wt: _____ kg), **AND 1 OF THE 2 CRITERIA BELOW:**
- Patient has moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination, **OR**
- Vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s)

Medication Orders:

- EVUSHELD:** tixagevimab + cilgavimab
- Directions: Inject 300 mg/3 mL tixagevimab and 300 mg/3 mL cilgavimab, one into each gluteal muscle, or per manufacturer guidelines
 - If previously already received originally lower initial dose (150 mg of tixagevimab and 150 mg of cilgavimab) < 3 months ago:* Inject 150 mg/1.5 mL tixagevimab and 150 mg/1.5 mL cilgavimab, one into each gluteal muscle, or per manufacturer guidelines
- Infusion Reaction Management per Infusion Solutions protocol as needed.

Nursing Orders:

- RN to inject solution(s) into each gluteal muscle.
- Patient to be observed for 1-hour post-infusion.

Prescriber Signature

Date

Please Print Name

Infusion Solutions Use Only:

- Pt notified of EUA status & right to decline treatment
- RPh counsel offered
Initials _____ Date _____

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Suggested Options for ICD-10 codes (Other codes may also be covered):

Code	Description
Z28.04	Immunization not carried out because of patient allergy to vaccine or component
Z28.09	Immunization not carried out because of other contraindication
Z92.21	Personal history of antineoplastic chemotherapy
Z92.22	Personal history of monoclonal drug therapy
Z92.241	Personal history of systemic steroid therapy
Z92.25	Personal history of immunosuppression therapy
Z92.3	Personal history of irradiation
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lung transplant status
Z94.4	Liver transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status
D80+	Immunodeficiency with predominantly antibody defects (including hereditary and nonfamilial hypogammaglobulinemia and immunoglobulin deficiencies)
D81+	Combined immunodeficiencies (including severe combined immunodeficiencies and adenosine deaminase deficiencies)
D82+	Immunodeficiency associated with other major defects (including Wiskott-Aldrich syndrome, Di George's syndrome, immunodeficiency following hereditary defective response to Epstein-Barr virus)
D83+	Common variable immunodeficiency (including B and T cell disorders)
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
B20	Human immunodeficiency virus (HIV) disease
Z79.52	Long-term (current) use of systemic steroids