Beaumont

COVID-19 Monoclonal Antibody Pre-Exposure Prophylaxis Order

Location: ☐ Royal Oak FAX: 248-551-3168 ☐ Troy FAX: 248-964-2409 ☐ Lenox FAX: 947-523-4061 ☐ Farmington Hills FAX: 248-471-8217 ☐ Grosse Pointe FAX: 586-498-4497 ☐ Dearborn FAX: 313-593-8551 ☐ Wayne FAX: 734-467-2505

Patient Name_____ Date of Birth: _____ MRN:_____

Diagnosis Code (ICD-10): _____ Patient is ≥ 12 years old and weighs ≥ 40 kg: ☐ Yes ☐ No

Criteria for Pre-Exposure Prophylaxis (check all that apply):

Tier 1	Tier 2
☐ Received B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab) within ≤ 1 year ☐ Receiving Bruton tyrosine kinase inhibitors ☐ Chimeric antigen receptor T cell recipients ☐ Post-hematopoietic cell transplant recipient with chronic graft versus host disease or receiving immunosuppressive medications for another indication ☐ Patients with hematologic malignancies who are on active therapy ☐ Solid-organ transplant recipients who: 1) are lung transplant recipients, or 2) are within 1 year of receiving a solid-organ transplant (other than lung transplant), or 3) solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents ☐ Patients with severe combined immunodeficiencies ☐ Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm^3	☐ Active treatment for solid tumor malignancy ☐ Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome) ☐ Advanced or untreated HIV infection (CD4 cell counts of 50-200/mm^3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV) ☐ Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive that are immunosuppressive or immunomodulatory (e.g., B-cell depleting agents), tumor-necrosis (TNF) blockers, and other biologic agents ☐ 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 (e.g., severe allergic reaction) to a COVID-19 vaccine(s)

I certify that the patient/caregiver has been informed of all the information below: ☐ Yes ☐ No

- ☐ Given the Fact Sheet for Patients, Parents, or Caregivers & informed this is an unapproved drug authorized for use under Emergency Use Authorization (EUA)
- ☐ Informed that more people who received tixagevimab/cilgavimab (Evusheld) versus placebo reported serious cardiovascular adverse events (myocardial infarctions and heart failure) and they should seek immediate medical attention if they experience any signs or symptoms suggestive of a cardiovascular event
- ☐ Informed that additional doses may be needed for ongoing protection but optimal timing of redosing is unknown at this time

Consent: Individual spoken with (patient or caregiver's name/relationship): _____

Patient/caregiver was able to ask questions and is agreeable to proceed with the monoclonal antibody: ☐ Yes ☐ No

Medication	Dose	Route	Frequency
Tixagevimab 300 mg/3 mL AND Cilgavimab 300 mg/3 mL as 2 separate injections, 1 injection in each gluteal muscle, given consecutively per EUA (observe for 1 hour after injection)		IM	Once
Patient will also have ancillary orders related to the infusion, including instructions and PRN medications for treating infusion related reactions. Medication orders include the following:			
diphenhydrAMINE	50 mg (25 mg for patients >65 years of age)	IV	PRN mild, moderate, severe
famotidine	20 mg	IV	
sodium chloride 0.9%	1000 mL over 1 hour	IV	PRN moderate, severe reaction
EPINEPHrine 1 mg/mL	0.3 mg	IM	
methylPREDNISolone	125 mg	IV	

Provider Signature	Printed Provider Name	Date	Time

Provider Contact Number	Provider Address	Provider NPI

****ALL FIELDS MUST BE COMPLETED FOR THIS ORDER TO BE CONSIDERED VALID****

****FORMS WITH INCOMPLETE DOCUMENTATION WILL NOT BE ACCEPTED****