BalladHealth Epic

Patient Information

Form No. 3040007062
CEOC Approved: 12/28/2021
OSSC Approved: 01/17/2022

GEN COVID-19 Pre- Exposure Prophylaxis Monoclonal Antibody Orders (3040007062)

NOTE* Pre-exposure prophylaxis with tixagevimab and cilgavimab (Evusheld) is not a substitute for vaccination in individuals for whom COVID-19 vaccination is recommended. Individuals for whom COVID-19 vaccination is recommended, including individuals with moderate to severe immune compromise who may derive benefit from COVID-19 vaccination, should receive COVID-19 vaccination.

NOTE: MONOCLONAL ANTIBODIES HAVE EXTREMELY LIMITED AVAILABILITY

Patient must **MEET CRITERIA** below:

- Negative result of direct SARS-CoV-2 viral test (e.g. not currently infected with SARS-CoV-2)

Additional COVID testing may be ordered at the discretion of the administering facility.

AND

- Has not had a recent exposure to an individual infected with SARS-CoV-2

AND

- 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

- For whom 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) and / or COVID-19 vaccine component(s).
- 12 years of age or older
- Weight of 40 kg or greater

EXCLUSION CRITERIA:

tixagevimab and cilgavimab is **NOT** authorized for use in individuals:

- For the treatment of COVID-19
- For post-exposure prophylaxis of COVID-19 in individuals who have been exposed to someone infected with SARS-CoV-2

Vaccination Status:

- ❑ Partially Vaccinated
- ❑ Fully Vaccinated
- ❑ Received Booster Vaccine
- ❑ Unvaccinated

IMMUNOCOMPROMISING CONDITIONS (please check all that apply):

- ❑ Within 1 year of receiving B-cell depleting therapy (e.g. rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- ❑ Receiving Bruton tyrosine kinase inhibitors
- ❑ Chimeric antigen receptor T cell recipient
- ❑ Post-hematopoietic cell transplant recipient with graft versus host disease
- ❑ Receiving immunosuppressive medication
- ❑ On active medication for hematologic malignancy
- ❑ Lung transplant recipient
- ❑ Within 1 year of receipt of solid-organ transplant (other than lung)
- ❑ Solid-organ transplant recipient with recent treatment for acute rejection with T or B cell depleting agent
- ❑ Severe combined immunodeficiency
- ❑ Untreated HIV with CD4 T lymphocyte cell count below 50

tixagevimab and cilgavimab EUA Healthcare Provider

URL: "https://www.fda.gov/media/154701/download"

Fact Sheet	
tixagevimab and cilgavimab EUA Approval	URL: "https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-new-long-acting-monoclonal-antibodies-pre-expos"
Tixagevimab and cilgavimab EUA Patients, Parents and Caregivers Fact Sheet	URL: "https://www.fda.gov/media/154702/download"
Informed Consent for Monoclonal Antibody Treatment	URL: "MS-7742s.pdf (balladhealth.org)"
CDC growth charts	URL: https://www.cdc.gov/growthcharts/clinical_charts.htm

Scheduling Referral

COVID Prophylactic Treatment Referral

[X]	Referral for COVID Prophylactic Treatment	Internal Referral, Oncology
[X]	Nursing Communication	Routine, Once, Starting S For 1 Occurrences May discharge to home after transfusion complete and vital signs stable

General

[X]	Verify Informed Consent for Infusion	Routine, Once, Starting S Procedure: monoclonal antibody infusion Proceduralist Obtained Informed Consent:

Code Status (Single Response) (Selection Required)

❍	Full Code / Attempt Resuscitation	Details
❍	DNAR / DNI - Allow Natural Death (Do Not Attempt Resuscitation / Do Not Intubate	Details
❍	Do Not Intubate (DNI) (May administer CPR and ACLS protocols but do not intubate.)	Details
❍	DNAR but May Intubate (No CPR / ACLS, but intubation due to respiratory failure is acceptable.)	Details

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❍	DNAR / Cardiac Medications Only (May administer emergency medications only without CPR or intubation.)	Details
❍	DNAR / DNI - Comfort Measures Only (Measures include interventions to alleviate the patient's misery short of heroic measures.)	Details

IV Fluids

Insert and Maintain IV

❑	Insert and Maintain IV	**"And" Linked Panel**
❑	Insert Peripheral IV	STAT, Once, Starting S For 1 Occurrences
❑	Maintain IV Access	Routine, Until discontinued, Starting S
❑	Saline Lock IV	Routine, Once, Starting S For 1 Occurrences
❑	sodium chloride 0.9 % flush	3 mL As needed, Intravenous, line care, For 90 Days
❑	sodium chloride 0.9 % flush	3 mL 2 times daily, Intravenous, line care, For 90 Days

Medications

Pre-Exposure COVID-19 Monoclonal Antibody Orders (Selection Required)

Best Practice References Advise:
Clinically monitor patients during administration and observe for at least 1 hour after administration is completed

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[X] tixagevimab and cilgavimab (Evusheld) IM injections (Single Response) (Selection Required)

❍	tixagevimab and cilgavimab (Evusheld) injections	3 mL Once, Intramuscular, For 1 Dose, Oncology • Administer the 2 1.5 mL vial injections intramuscularly at different injection sites, preferable one in each of the gluteal muscles, one after the other. • Clinically monitor patient during administration and at least one hour after administration is complete. Has the "Fact Sheet for Health Care Providers: Emergency Use Authorization (EUA) of tixagevimab and cilgavimab" been reviewed?
[X]	acetaminophen (Tylenol) tablet	650 mg Every 4 hours PRN, Oral, mild pain (1 to 3), or fever greater than 101, For 90 Days. Oral route preferred over rectal route.
[X]	diphenhydrAMINE (Benadryl) oral	25 mg Every 4 hours PRN, Oral, allergies, for infusion related reactions and / or nausea, For 90 Days
[X]	albuterol (Proventil / Accuneb) 0.083 % nebulizer solution	2.5 mg Every 20 min PRN, Nebulization, wheezing, bronchospasm, For 2 Doses A second dose may be repeated in 20 minutes, if needed.
[X]	ondansetron (Zofran-ODT) disintegrating tablet	4 mg Every 1 hour PRN, Oral, nausea, vomiting, For 2 Doses, Oncology A second dose may be repeated in one hour, if nausea persists.

Time: _____ Date: _____ Physician's Signature: _____