

McLeod Health

The Choice for Medical Excellence

Patient Sticker Here

EVUSHELD (tixagevimab and cilgavimab) Treatment Plan

*****THIS TREATMENT IS UNDER AN EMERGENCY USE AUTHORIZATION & IS OFFERED ONLY AT
MCLEOD REGIONAL MEDICAL CENTER*****

Patient Name: _____ Height (cm): _____ Weight: _____

DOB: _____ Patient Phone Number: _____

Allergies: _____

Diagnosis: ICD 10- U.071/B.34.2/Z29.8

Pre-exposure prophylaxis for COVID-19 for patients restricted to patients that meet all the criteria below:

- ≥ 18 years of age and older weighing at least 40 kg
- Has not received a COVID-19 vaccine within the last 2 weeks
- Not known to be infected with SARS-CoV-2 and no known recent exposure to an individual infected with SARS-CoV-2
- Moderate to severe immune compromise due to a medical condition or immunosuppressive medications/treatments and may not mount an adequate immune response to COVID-19 vaccination **OR**
for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine and/or COVID-19 vaccine component.

Patient Medical Information:

Please include H&P and most recent notes if available. Please document the following information

Does patient have a history of a laboratory-confirmed SARS-CoV-2 infection? Yes No

Does the patient have a history of a SARS-CoV-2 antibody positive at screening? Yes No

Has the patient previously received a COVID-19 vaccine? Yes No

If yes, which vaccine? _____ Date of administration? _____

Medication Orders:

EVUSHELD is administered as two separate, consecutive intramuscular injections

1. **Tixagevimab (100 mg/mL): administer 300 mg (3 mL) intramuscularly once PLUS**
2. **Cilgavimab (100 mg/mL): administer 300 mg (3 mL) intramuscularly once**

Administer only to upper arm or buttock as consecutive intramuscular injections

Patient Consent for Emergency Use Authorization (EUA):

Confirm that patient has received the EUA Fact Sheet for Patients and Caregivers. If hard copy cannot be provided it will be provided at the infusion site but **please check box below to confirm patient understands and has consented.**

• *"I verbally provided the patient/caregiver the information contained in the EVUSHELD (tixagevimab/cilgavimab) fact sheet for patients and parents/caregivers including that the FDA has authorized the emergency use of this therapy for COVID-19. The patient/caregiver had the option to accept or refuse treatment. Information was provided about the significant and known potential benefits and risk and the extent to which such risks and benefits are unknown. After discussing this information with the patient/caregiver, the patient/caregiver agreed to begin treatment."*

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____

Insurance/Authorization Information: Not required at this time

Please upload orders via Order Facilitator (preferred) or fax completed Treatment Plan and any additional documents to Mcleod Reservations & Scheduling at 843-777-6910. For any questions after the orders have been sent please call 843-777-2095.

1/11/2022