Maui Memorial Medical Center
MAUI HEALTH

# Provider orders for COVID-19 pre-exposure prophylaxis using tixagevimab plus cilgavimab (Evusheld)

**MHS Tixagevimab plus Cilgavimab (Evusheld) COVID-19 PrEP (Pre-exposure prophylaxis) IP/AMB Orders**

The NIH (National Institute of Health) COVID-19 Treatment Guidelines Panel recommends using **tixagevimab plus cilgavimab** as SARS-CoV-2 PrEP for adults and adolescents (**aged ≥12 years and weighing ≥40 kg**) who do not have SARS-CoV-2 infection, who have not been recently exposed to an individual with SARS-CoV-2 infection, **AND** who:

- Are moderately to severely immunocompromised and may have an inadequate immune response to COVID-19 vaccination; *or*
- Are not able to be fully vaccinated with any available COVID-19 vaccines due to a documented history of severe adverse reactions to a COVID-19 vaccine or any of its components

**Instructions:**

1. Complete contact information section
2. Complete provider certification and prioritization sections
3. Sign the form and fax it to **808-243-3073**. For any questions, contact mhs-covidtherapies-outpt@kp.org

| **Provider information** | | | | | |
|---|---|---|---|---|---|
| Provider name | | | | Contact email | |
| Phone number | | | | Date of referral | |
| **Patient information** | | | | | |
| Patient name | | | | Patient address | |
| Date of birth | / / | Gender | M F __ | | |
| Phone number | | | | Insurance name | |
| Email | | | | Plan ID # | |

| **Provider certification (all are required)** | |
|---|---|
| ☐ | The patient is aged ≥12 years and weighing ≥40 kg, does not have SARS-CoV-2 infection, and had not been recently exposed to an individual with SARS-CoV-2 infection |
| ☐ | I have communicated to the patient, parent, and caregiver information consistent with the "FACT SHEET FOR PATIENTS, PARENTS OR CAREGIVERS" and provide them with a copy of this Fact Sheet prior to administration of EVUSHELD (https://www.fda.gov/media/154702/download) |
| ☐ | For vaccinated patients, at least 14 days have passed since the last COVID-19 vaccine dose |
| ☐ | I have assessed bleeding risks with IM injection: CBC at least 30 days prior to Evusheld to confirm platelets 50k or greater |
| **Indications for the PrEP (at least 1 is required)** | |
| https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-evusheld-for-prep/<br>**If supplies are limited, priority is given to those who are at the highest risk for severe COVID-19** | |
| ***Tier 1 - Severe immunocompromising conditions*** | |
| ☐ | Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab) |
| ☐ | Patients receiving Bruton tyrosine kinase inhibitors |
| ☐ | Chimeric antigen receptor T cell recipients |
| ☐ | Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication |
| ☐ | Patients with hematologic malignancies who are on active therapy |
| ☐ | Lung transplant recipients |
| ☐ | Patients who are within 1 year of receiving a solid-organ transplant (other than lung transplant) |
| ☐ | Solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents |
| ☐ | Patients with severe combined immunodeficiencies |

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| Patient name: | Today's date: |
|---|---|
| ***Tier 2 - Moderate to severe immunocompromising conditions (NIH)*** | |
| ☐ | Are receiving active treatment for solid tumors and hematologic malignancies. |
| ☐ | Received a solid organ transplant and are taking immunosuppressive therapy. |
| ☐ | Received a chimeric antigen receptor T cell therapy or a hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy). |
| ☐ | Have a moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome). |
| ☐ | Have advanced or untreated HIV infection (defined as people with HIV and CD4 T lymphocyte cell counts <200/mm3, a history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV). |
| ☐ | Are receiving active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents that are classified as severely immunosuppressive, tumor-necrosis blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B cell-depleting agents). |
| ***Tier 3 - Unable to receive vaccine, with risk factors*** | |
| ☐ | Patient who are unable to be fully vaccinated with any available COVID-19 vaccines due to a documented history of severe adverse reactions to a COVID-19 vaccine or any of its components, **with** risk factors (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html) |
| ***Tier 4 - Unable to receive vaccine, without risk factors*** | |
| ☐ | Patient who are unable to be fully vaccinated with any available COVID-19 vaccines due to a documented history of severe adverse reactions to a COVID-19 vaccine or any of its components, **without** risk factors |

**Nursing Orders [450679]**

[X] MEASURE VITAL SIGNS [203646] Routine, Normal, Vital signs at start of injections, q30 min x2 after injections are completed.

[X] MONITOR PATIENT [209856] Routine, Normal, If any signs or symptoms of hypersensitivity reaction and/or anaphylaxis, stop Tixagevimab-Cilgavimab injections and notify MD or provider immediately, and give PRN meds. If moderate or severe symptoms, call Rapid Response Team (RRT). Monitor patient during infusion, 30 minutes, and 60 minutes post-infusion for any signs of symptoms of infusion reaction or anaphylaxis. Hypersensitivity Reaction - Signs and Symptoms - Fevers or chills - Flushing or itching - Alterations in heart rate or blood pressure - Dyspnea or chest pain - Back or abdominal pain - Nausea, vomiting, or diarrhea - Skin Rashes Anaphylaxis - Signs and Symptoms - Respiratory distress: shortness of breath, tightness in throat or chest, or wheezing or stridor - Severe itching, hives, facial swelling, swelling of the tongue or uvula - Mental status changes - Hypotension - Tachycardia - Nausea, vomiting, abdominal pain, or fecal urgency or diarrhea. Any medication errors or serious adverse events potentially related to Tixagevimab-Cilgavimab (Evusheld) must be reported within 7 calendar days to the FDA (www.fda.gov/medwatch/report.htm).

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| Patient name: | Today's date: |
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**MEDICATIONS**

[X] Tixagevimab + Cilgavimab (EVUSHELD) [450695] EVUSHELD (Tixagevimab 300 mg + Cilgavimab 300 mg) IM [182628] 6 mL, intraMUSCULAR, ONE TIME For 1 Doses Administration of a complete dose from the kit requires two separate consecutive IM injections: one syringe of tixagevimab 3 mL followed by one syringe of cilgavimab 3 mL Do not shake the vials prior to drawing up into syringes. (NOTE RN to draw Tixagevimab 300mg/3ml into 1 syringe and Cilgavimab 300mg/3ml into a separate syringe). Each injection to be given at 2 different sites, preferably one in each of the gluteal muscles. Document the 2 sites of injection in the MAR administration comment. Notify physician for any sign of injection reaction. ## Nurse to scan barcode on box for MAR documentation ##

**PRN Hypersensitivity Reaction Medications [412290]**

[X] diphenhydrAMINE (BENADRYL) 50 mg IM [16729] 50 mg, intraMUSCULAR, ONE TIME AS NEEDED For 1 Days, see admin inst. For hives, rash or swelling related to a suspected hypersensitivity reaction or infusion-related reaction. Notify physician if administered.

[X] methylPREDNISolone (SOLU-Medrol) 125 mg IM [5500091] 125 mg, intraMUSCULAR, ONE TIME AS NEEDED For 1 Days, see admin inst. For shortness of breath, bronchospasm, or other symptoms of a suspected hypersensitivity reaction or infusion-related reactions. Notify physician if administered.

**PRN Anaphylaxis Medication [426250]**

[X] EPINEPHrine 0.3 mg IM [130971] 0.3 mg, intraMUSCULAR, HSD - PRN For 1 Doses, see admin inst., for signs or symptoms of anaphylaxis (any of the following - respiratory distress, shortness of breath, tightness in throat or chest, wheezing or stridor, severe itching, hives, facial swelling, tongue, or uvula swelling, mental status changes, hypotension, tachycardia, nausea/vomiting, abdominal pain, fecal urgency, or diarrhea) Administer in mid-anterolateral thigh. If patient is obese, may need a longer needle (1.5 inch) Concentration is 1 mg/mL

**PRN Pain/Headache/Nausea Medications [412299]**

[X] Acetaminophen 650mg PO [2349] 650 mg, Oral, ONE TIME AS NEEDED For 1 Days, see admin inst. For fever greater than 100.4 F, myalgias, arthralgias, or headache.

[X] Ondansetron 4mg IM [103050] 4 mg, intraMUSCULAR, ONE TIME AS NEEDED For 1 Days, nausea/vomiting (use either IM or PO)

[X] Ondansetron 4mg PO (Rapidly Disintegrating Tab) [30527] 4 mg, Oral, ONE TIME AS NEEDED For 1 Days (use either IM or PO)

| | | |
|---|---|---|
| **Provider name** | **Signature** | **Date/time** |

**Version history:**
2022-02-04 Original version
2022-02-25 Revised Evusheld dose per FDA