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ADULT TIXAGEVIMAB & CILGAVIMAB (EVUSHELD) THERAPY PLAN (EPIC 5267)

Date of Order: ___________________________ Time of Order: ___________________________

Diagnosis
☑️ Diagnosis (specify): ___________________________

Nursing Orders
☑️ Vital signs prior to injection including temperature
☑️ Blood pressure, heart rate, and respiratory rate every 15 minutes for the duration of the injection and for 1 hour post-injection
☑️ Monitor patient for injection-related reaction during the injection and for 1 hour post-injection
☑️ Notify provider if signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, or any other injection-related reactions
☑️ If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, initiate appropriate medications and/or supportive care and notify the provider.

Medications
☑️ tixagevimab: select 300mg OR 150mg to complete a 300mg dose
☐ tixagevimab (EVUSHELD Component) injection, 300 mg, Once, Intramuscular, for 1 dose. Total dose of 300 mg tixagevimab and 300 mg cilgavimab available in two EVUSHELD kit, to be given as two separate IM injections (one injection per component). Inject consecutively at two different injection sites (gluteal muscle preferred). Monitor patient for injection-related reactions every 15 minutes for one hour post-injection.
☑️ Does your patient have a moderate-severe immune compromising condition as defined by the Emergency Use Authorization for EVUSHELD?
☐ Yes
☐ No, Medication is NOT appropriate for ordering. Cancel Order.
☑️ Has the patient, or the parent/caregiver, been given the “Fact Sheet for Patients and Caregivers”, informed of alternatives to receiving authorized tixagevimab-cilgavimab (EVUSHELD), & informed that it is an unapproved drug authorized for this use?
☐ Yes
☐ No, Medication is NOT appropriate for ordering. Cancel Order.

☐ tixagevimab (EVUSHELD Component) injection, 150 mg, Once, Intramuscular, for 1 dose. Total dose of 150 mg tixagevimab and 150 mg cilgavimab available in one EVUSHELD kit, to be given as two separate IM injections. Inject consecutively at two different injection sites (gluteal muscle preferred). Monitor patient for injection-related reactions every 15 minutes for one hour post-injection.
☑️ Does your patient have a moderate-severe immune compromising condition as defined by the Emergency Use Authorization for EVUSHELD?
☐ Yes
☐ No, Medication is NOT appropriate for ordering. Cancel Order.
☑️ Has the patient, or the parent/caregiver, been given the “Fact Sheet for Patients and Caregivers”, informed of alternatives to receiving authorized tixagevimab-cilgavimab (EVUSHELD), & informed that it is an unapproved drug authorized for this use?
☐ Yes
☐ No, Medication is NOT appropriate for ordering. Cancel Order.

Date Signed: ___________________________ Time Signed: ___________________________ Physician Signature: ____________________________________________

PPO 00010553
PHYSICIAN ORDERS
(Orders)
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- **cilgavimab**: select 300mg OR 150mg to complete a 300mg dose
  - cilgavimab (EVUSHELD Component) injection, 300 mg, Once, Intramuscular, for 1 dose. Total dose of 300 mg tixagevimab and 300 mg cilgavimab available in two EVUSHELD kit, to be given as two separate IM injections (one injection per component). Inject consecutively at two different injection sites (gluteal muscle preferred). Monitor patient for injection-related reactions every 15 minutes for one hour post-injection.
  - cilgavimab (EVUSHELD Component) injection, 150 mg, Once, Intramuscular, for 1 dose. Total dose of 150 mg tixagevimab and 150 mg cilgavimab available in one EVUSHELD kit, to be given as two separate IM injections. Inject consecutively at two different injection sites (gluteal muscle preferred). Monitor patient for injection-related reactions every 15 minutes for one hour post-injection.
- acetaminophen (TYLENOL) tablet 650 mg Once PRN, Oral, Fever, temperature greater than 101 degrees Fahrenheit

**PRN Emergency Medications**

- **EPINEPHrine** (ADRENALIN) 0.3 mg EVERY 5 MIN PRN, Intramuscular, Hypersensitivity/Anaphylaxis Reaction, For 3 doses. May repeat every 5-10 minutes x 3 doses total. Epinephrine should be administered first, as soon as anaphylaxis is suspected.
- **Anti-histamines**
  - diphenhydRAMINE (BENADRYL) injection 50 mg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, For 1 dose. Give IV push (25mg/min maximum) over 1 to 2 minutes
  - famotidine (PEPCID) injection 20 mg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, For 1 dose. Give each 20 mg over 2 minutes
  - methylPREDNISolone (solu-MEDROL) injection 125 mcg
  - famotidine (PEPCID) injection 20 mg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, For 1 dose. Reconstitute vial with 2 mL Sterile Water (Conc = 62.5 mg/mL)
- **Beta-2 Agonists**
  - albuterol (VENTOLIN) nebulizer 5 mg EVERY 20 MIN PRN, Nebulization, Asthma Symptoms, Shortness of Breath, Wheezing, For 3 doses
  - albuterol (VENTOLIN) inhaler 2 puff EVERY 20 MIN PRN, Inhalation, Asthma Symptoms, Shortness of Breath, Wheezing, For 3 doses
- sodium chloride boluses and infusions
  - sodium chloride (NORMAL SALINE) 0.9% bolus 500 mL every 30 minutes PRN, Intravenous, for Hypersensitivity/Anaphylaxis Reaction, Hypotension, For 3 doses
  - sodium chloride (NORMAL SALINE) 0.9% bolus 500 mL every 30 minutes PRN, Intravenous, for Hypersensitivity/Anaphylaxis Reaction, if patient's blood pressure drops by greater than or equal to 20 mmHg and the patient is symptomatic. For 3 doses
  - sodium chloride (NORMAL SALINE) 0.9% infusion, 10 mL/hour, Intravenous, Continuous PRN, Hypersensitivity/Anaphylaxis Reaction, to keep vein open
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Other: ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
______________________________________________________________________ ____________________________________