



Kettering Health Washington  
Township Infusion Center  
1989 Miamisburg-Centerville Rd  
Suite 101  
Dayton, OH 45459  
Phone: 937-401-6620  
Fax: 937-401-6628

**EVUSHELD**  
**Monoclonal Antibody Injection Order**  
**Form for PRE-Exposure Prophylaxis**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ ICD-10 Diagnosis: COVID-19 Pre-Exposure Prophylaxis

- **EVUSHELD is NOT authorized for the following:**
  - For treatment of COVID-19
  - For post-exposure prophylaxis of COVID-19 in individuals who have been exposed to someone infected with SARS-CoV-2.
- **Pre-exposure Prophylaxis with 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.**
- **In individuals who have received a COVID-19 vaccine, EVUSHELD should be administered at least two weeks after vaccination.**
- **EVUSHELD can be administered to those 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)**

**Patient must have one (1) of the following risk factors:**

- Patients who are within 1 year of receiving B-cell depleting therapies (e.g. rituximab, ocrelizumab, ofatumumab, ibritumomab tiuxetan, obinutuzumab, belimumab)
- Patients receiving ibrutinib, acalabrutinib, zanubrutinib
- Chimeric antigen receptor T-cell recipients (CAR T-cell Therapy) (Idecabtagene Vicleucel, Brexucabtagene Autoleucel, Axicabtagene Ciloleucel)
- Hematopoietic cell transplant recipients
- Graft-versus-host disease
- Hematologic malignancy on active therapy
- Solid organ transplant recipients
- Congenital or Acquired Immunodeficiency (hypogammaglobulinemia requiring IVIG administration, CVID, X-linked agammaglobulinemia, severe selective IgA deficiency, severe specific Ab deficiency, chronic granulomatous disease, SCID, etc.)
- HIV patients with CD4 count < 50 cells/mm<sup>3</sup>

**Patients who meet the above criteria will be eligible to receive monoclonal antibody injection.**



**EVUSHELD**  
**Monoclonal Antibody Injection Order Form for**  
**PRE-Exposure Prophylaxis**

**Rx:**

EVUSHELD (tixagevimab/cilgavimab 150mg/150mg) intramuscular injections x 1 treatment course

- Give as two (2) separate injections as follows:
  - Tixagevimab 150mg/1.5mL intramuscular injection x 1
  - Cilgavimab 150mg/1.5mL intramuscular injection x 1
- Administer the two medications consecutively at two different injection sites, preferably one in each of the gluteal muscles, one after the other
- Clinically monitor individuals after injections and observe for at least 1 hour

*KHN infusion reaction protocol will be utilized if a patient has an injection-related or hypersensitivity*

**I attest that (both must be checked for patient to receive treatment):**

- This patient has not tested positive for COVID-19 or been exposed to COVID-19 in the last 8 days
- This patient has not received EVUSHELD in the last 6 months

**Prescriber** \_\_\_\_\_ **Date** \_\_\_\_\_

**Prescriber Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax:** \_\_\_\_\_