NATIONAL INFUSION CENTER ASSOCIATION

Patient Name:

DOB: Age:

EVUSHELD™ (tixagevimab + cilgavimab) Orders for Pre-Exposure Prophylaxis

Drug Allergies:	**Weight** (at least 40 kg):

Indication/Diagnoses:

☐ **Z28.04** Immunization not carried out because of patient allergy to vaccine or component

☐ **D84.9** Immunodeficiency, unspecified

☐ **Other** (include ICD-10 code(s) and description(s):

Prescriber must indicate *all* of the following requirements have been met:

☐ Patient/caregiver has been given the Fact Sheet for Patients and Parents/Caregivers

☐ Patient/caregiver has been informed that EVUSHELD ™ is an unapproved product that is authorized for use under an Emergency Use Authorization.

☑ Using aseptic technique, prepare **TWO** separate syringes:

- ☑ ONE syringe containing **1.5 mL of tixagevimab**; and,
- ☑ ONE syringe containing **1.5 mL of cilgavimab**
- ☑ Consecutively administer each syringe intramuscularly in different injection sites, preferably one in each of the gluteal muscles.

Post-treatment:

- ☑ **Monitor patient for hypersensitivity reaction for a period of 60 minutes following injections.**
- ☑ If adverse reaction occurs, treat per orders/protocol as clinically indicated.
- ☑ Record vital signs immediately following injections and prior to discharge.
- ☑ Provide patient with discharge instructions.
- ☑ Send record of treatment to prescriber at fax number below.

Prescriber Name (print): _____ **Fax:** _____

Prescriber Signature: _____ **Date:** _____