

DATE ORDERED	TIME	ORDERS
		<p>EVUSHELD for pre-exposure prophylaxis of COVID-19</p> <p><i>The patient has been given a copy of the Fact Sheet for Patients, Parents or Caregivers for EVUSHELD</i></p>
		<p>Qualifier for EUA use of EVUSHELD (Please mark all that apply)</p> <p><input type="checkbox"/> Medical conditions or treatments that may result in moderate to severe immune compromise and an inadequate immune response to COVID-19 vaccination include but are not limited to:</p> <p><input type="checkbox"/> Active treatment for solid tumor and hematologic malignancies</p> <p><input type="checkbox"/> Receipt of solid-organ transplant and taking immunosuppressive therapy</p> <p><input type="checkbox"/> Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)</p> <p><input type="checkbox"/> Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)</p> <p><input type="checkbox"/> Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)</p> <p><input type="checkbox"/> Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B-cell depleting agents)</p> <p><input type="checkbox"/> OTHER: _____</p> <p>OR</p> <p><input type="checkbox"/> For 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).</p>
		<p>1. Give EVUSHELD (tixagevimab/cilgavimab)</p> <p>tixagevimab 300 mg (3 mL) IM in the opposite gluteal muscle as cilgavimab</p> <p>cilgavimab 300 mg (3 mL) IM in the opposite gluteal muscle as tixagevimab</p>
		<p>2. Clinically monitor patient after injections and observe for at least 1 hour</p>
		<p>Note: In individuals who have received a COVID-19 vaccine, EVUSHELD should be administered at least two weeks after vaccination.</p>
		<p>FAX COMPLETED FORM TO 870-262-1506 FOR SCHEDULING</p>
		<p>Provider Signature: _____</p>
<p align="center">PHYSICIAN'S ORDERS</p> <hr/> <p align="center">WHITE RIVER MEDICAL CENTER BATESVILLE, AR 72501</p> <p>M04 113 12-07</p>		<p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Patient's Phone number: _____</p>