



COVID-19 Therapeutics Team | Evusheld Resources

September 2, 2022

Resource A: Evusheld Provider Referral Information

Independent Providers/PCPs interested in obtaining a supply of Evusheld to administer to their patients should contact Danielle Lohan at Danielle.Lohan1@maryland.gov. We will make our best effort to provide a supply Evusheld to all interested providers until we have exhausted our Federal allocation.

Evusheld is now available to providers to obtain **freely, even in small quantities (1-3 courses)**, through easy access from a telephone call 1-833-EVUSHLD (833-388-7453) or an [online request](#).

Providers interested in referring their patients for treatment should contact:

Adventist Health System (internal referrals only)	Luminis Health Anne Arundel Medical Center
Atlantic General Hospital	Mercy Medical Center (contact COVIDAntibody@mdmercy.com to refer)
Calvert Health Medical Center (fax CalvertHealth referral form attached to 410-535-8224 or send referral form to COVIDTX@calverthealthmed.org)	Soleil Pharmacy (fax rx and supporting diagnosis information to 410-582-8728 to initiate referral)
ChristianaCare Union	LifeBridge Health Hospitals (Internal referrals only)
MedStar Health System (contact rebecca.n.kumar@gunet.georgetown.edu , calvin.williams@medstar.net , or glenn.w.wortmann@medstar.net to discuss referral)	Tidalhealth Peninsula Regional (internal referrals through EPIC, or fax TidalHealth referral form attached to 410-543-7485)
Frederick Health Hospital (referral form attached to 240-566-3959, or provider referral link here)	University of Maryland Medical System
Meritus Medical Center (referral form link)	UPMC Western Maryland
Johns Hopkins Health System	National Institutes of Health
Kaiser Permanente	Hatzalah of Baltimore (provider referral link , patient self-referral link)
Luminis Doctors Community Medical Center	St Agnes Hospital (Accepting referrals by staff providers only to cancer center)
Zion Ambulatory Care (email zioninfusions@gmail.com or call 443-505-4035 to initiate referral)	Garrett Regional Medical Center (fax rx and supporting diagnosis information to 301-533-4102 to initiate referral)
Chase Brexton Health	Institute for Asthma and Allergy

Holy Cross Hospital	Maryland Oncology and Hematology
Arthritis and Rheumatism Associates	Annapolis Rheumatology
Allergy Asthma Specialists of Maryland	Chesapeake Oncology Hematology
Nasseri Clinic	Neurorehabilitation Institute
Baltimore Oncology and Hematology	Stone Run Family Medicine
FirstCall Medical Center (referral form attached)	Rheumatology Associates of Baltimore
Arthritis and Pain Associates of PG County (call 301-345-5600)	

Resource B: Evusheld Eligibility

Review the [Evusheld Emergency Use Authorization](#) (EUA) for detailed questions about eligibility.

People are considered to be moderately or severely immunocompromised if they have the following:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Resource C: ICD-10 Diagnosis Codes that may represent eligibility for Evusheld

This list is based on some identified indications for Evusheld and their associated diagnosis codes. Other diagnosis codes describing alternative illnesses/circumstances may be appropriate for patients to receive Evusheld.

*Please keep in mind, this is a general list and does not encompass every possible code or medication that may meet Evusheld administration criteria.

ICD-10 Diagnosis Codes that may represent eligibility for Evusheld		
Category	Code	Description
Immunization history	Z28.04	Immunization not carried out because of patient allergy to vaccine or component
	Z28.09	Immunization not carried out because of other contraindication
Medical history of certain medication use	Z92.21	Personal history of antineoplastic chemotherapy
	Z92.22	Personal history of monoclonal drug therapy
	Z92.241	Personal history of systemic steroid therapy
	Z92.25	Personal history of immunosuppression therapy
Medical history of irradiation	Z92.3	Personal history of irradiation
Hematologic Malignancies	C95.90	Leukemia, unspecified not having achieved remission
	C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
	C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ site
	C90.0	Multiple myeloma <ul style="list-style-type: none"> ● Applicable To: <ul style="list-style-type: none"> ○ Kahler's disease ○ Medullary plasmacytoma ○ Myelomatosis ○ Plasma cell myeloma
Surgical history of transplant	Z94.0	Kidney transplant status
	Z94.1	Heart transplant status

	Z94.2	Lung transplant status
	Z94.3	Heart and lung transplant status
	Z94.4	Liver transplant status
	Z94.81	Bone marrow transplant status
	Z94.82	Intestine transplant status
	Z94.83	Pancreas transplant status
	Z94.84	Stem cells transplant status
	Z94.89	Other transplanted organ and tissue status
	Z94.9	Transplanted organ and tissue status, unspecified Z94.9 Approximate Synonyms include history of: tissue/organ recipient, organ transplant, transplant
Immunodeficiency codes, including moderate to severe primary immunodeficiencies	D80+	Immunodeficiency with predominantly antibody defects (including hereditary and nonfamilial hypogammaglobulinemia and immunoglobulin deficiencies)
	D81+	Combined immunodeficiencies (including severe combined immunodeficiencies and adenosine deaminase deficiencies)
	D82+	Immunodeficiency associated with other major defects (including Wiskott-Aldrich's syndrome, DiGeorge syndrome, immunodeficiency following hereditary defective response to Epstein-Barr virus)
	D83+	Common variable immunodeficiency (including B and T cell disorders)
	D84.821	Immunodeficiency due to drugs
	D84.822	Immunodeficiency due to external causes
HIV	B20	Human immunodeficiency virus (HIV)
Medication related codes	Z79.52	Long-term (current) use of systemic steroids
	Z92.21	Personal history of antineoplastic chemotherapy
	Z88.7	Allergy status to serum and vaccine

Medications that are Immunosuppressive or Immunomodulatory

*This list is alphabetical order by generic name
This list is not all inclusive but can be helpful in Evusheld eligibility screening*

Generic Name	Brand Name	Class of Drug
5-fluorouracil	Carac	Antimetabolite
Abatacept	Orencia	Immunomodulator
Adalimumab	Humira	TNF-blocker
Altretamine	Hexalen	Alkylating agent: Aziridines and Epoxides
Anakinra	Kineret	Biological immunosuppressive agent
Azathioprine	Imuran	Transplant-related immunosuppressive agent
Basiliximab	Simulect	Transplant-related immunosuppressive agent
Belatacept	Nulojix	Transplant-related immunosuppressive agent
Bendamustine	Bendeka	Alkylating agent: Nitrogen mustard
Budesonide \geq 6 mg	Entocort EC	Corticosteroid
Busulfan	Myleran	Alkylating agent: Alkyl sulfonate
Carmustine	Gliadel Wafer	Alkylating agent: Nitrosourea
Certolizumab pegol	Cimzia	TNF blocker
Chlorambucil	Leukeran	Alkylating agent: Nitrogen mustard
Cisplatin	Platinol	Alkylating agent
Cyclophosphamide	Nerosar	Alkylating agent: Nitrogen mustard
Cyclosporine Gengraf, Neoral,	Gengraf, Neoral, Sandimmune	Calcineurin inhibitor
Cytarabine	Cytosar-U	Antimetabolite
Diaziquone	Proglycem	Alkylating agent: Aziridine and Epoxide
Etanercept	Enbrel	TNF blocker

Everolimus	Zortress	mTOR inhibitor
Golimumab	Simponi	TNF blocker
Hydrocortisone \geq 80 mg	Hydrocort	Corticosteroid
Hydroxychloroquine	Plaquenil	DMARD
Ixekizumab	Taltz	Monoclonal antibody
Ifosfamide	Ifex	Alkylating agent: Nitrogen mustard
Infliximab	Remicade	TNF blocker
Lomustine	Gleostine	Alkylating agent: Nitrosourea
Mechlorethamine	Valchlor	Alkylating agent: Nitrogen mustard
Melphalan	Evomela	Alkylating agent: Nitrogen mustard
Mercaptopurine	Purinethol	Antimetabolite
Methotrexate	Otrexup, Trexall, Rasuvo	Antimetabolite
Methylprednisolone \geq 16mg	Solu-medrol	Corticosteroid
Mycophenolate mofetil	CellCept	Transplant-related immunosuppressive agent
Natalizumab	Tysabri	Monoclonal antibody
Oxaliplatin	Eloxatin	Alkylating agent
Prednisolone \geq 20 mg	Pediapred	Corticosteroid
Prednisone \geq 20 mg	Deltasone	Corticosteroid
Procarbazine	Matulane	Alkylating agent
Rituximab	Rituxan	Monoclonal antibody
Secukinumab	Cosentyx	Monoclonal antibody
Sirolimus	Rapamune	mTOR inhibitor
Streptozocin Z	Zanosar	Nitrosourea
Tacrolimus	Protopic, Envarsus XR	Calcineurin Inhibitor
Temozolomide	Temodar	Alkylating agent
Thioguanine	Tabloid	Antimetabolite

Thiotepa	Tepadina	Alkylating agent
Tocilizumab	Actemra	Monoclonal antibody
Tofacitinib	Xeljanz	Janus kinase inhibitor
Ustekinumab	Stelara	Monoclonal antibody
Vedolizumab	Entyvio	Monoclonal antibody

Resource D: Evusheld Additional Clinical Resources

1. [Evusheld Storage, Dosing, & Administration:](#)
 - a. <https://www.evusheld.com/content/dam/open-digital/eua-website/en/hcp/pdf/final-evusheld-quick-reference-guide-clean.pdf>
2. [Evusheld Coding Resource:](#)
 - a. https://www.evusheld.com/content/dam/open-digital/eua-website/en/hcp/pdf/Evusheld_Coding_Resource_Updated.pdf
3. [Patient, Parent, and Caregiver Information Guide:](#)
 - a. https://www.evusheld.com/content/dam/open-digital/eua-website/en/hcp/pdf/EVUSHELD_US_Patient_Info_Guide.pdf
4. [EVUSHELD Storage, Handling, Preparation and Administration Video:](#)
 - a. <https://www.evusheld.com/en/hcp/resources>
5. [CMS Payment Allowances and Effective Dates for COVID-19 Monoclonal Antibodies and their Administration During the Public Health Emergency](#)
 - a. <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>
6. [FDA Fact Sheet for Evusheld for Health Care Providers](#)
 - a. <https://www.fda.gov/media/154701/download>

Resource E: Evusheld Referral Forms

The following are the referral forms for Evusheld for Calvert Health, Soleil Pharmacy, FirstCall Medical Center, and Tidal Health.



Monoclonal Antibody Infusion - EVUSHELD
Physician Referral Form

Referring Provider: _____ Date: _____

PCP Provider: _____ Phone #: _____

Patient Name: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: _____

Email: _____

12 years or older _____ Moderate or Severe

Immunocompromised

Height: _____ Weight: _____ BMI: _____

Allergies (Medication/ Food/ Seasonal) _____

Medical HX (pertinent to Evusheld administration): _____

Medications (please attach list to referral)

Date of Exposure/Symptoms: _____

Does the Patient require Oxygen YES or NO (L) _____

Primary Insurance: _____ Policy # _____
_____ Group # _____ (staff must obtain
copy of card)

Secondary Insurance: _____ Policy # _____

Group # _____ (staff must obtain copy of
card)

FAX REFERAL TO 410-721-1207 OR EMAIL TO

INFUSIONCENTER@FIRSTCALLMEDICALCENTER.COM

443-459-1059 FOR QUESTIONS ABOUT SCHEDULING

Internal use only

Patient 's appointment

Patient insurance verified YES NO

Patients Chart prepared

Allergy Questionnaire on patients chart

Registration Signature :

Date :



801 Landmark Drive, Suite B • Glen Burnie, MD 21061 • t. 443.281.9157 • f. 410.582.8728 • soleilpharmacy.com

COVID-19 Pre-Exposure Prophylaxis Order Form (EVUSHELD)

First Name: _____ Last Name: _____ Date of Birth: ____/____/____
Age: _____ Sex: Male Female Other Phone: _____ SSN: _____
Height: _____ Weight: _____ Street Address: _____
City: _____ State: _____ Zip: _____

Indication - Emergency Use Authorization (non-FDA approved) for **pre**-exposure prophylaxis of COVID-19 in those not currently infected with SARS-CoV-2 and have not had a known recent exposure **and**:

- Have moderate-severe immune compromise **or**
- Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components

Limitations of Use - Not authorized for:

- Treatment of COVID-19
- **Post**-exposure prophylaxis
- A substitute for vaccination
- Those recently vaccinated against COVID-19 (wait at least 2 weeks to administer EVUSHELD in these individuals)

Important Information:

- Patients must wait for a 1-hour observation and clinical monitoring period post administration (in case of serious hypersensitivity reaction)

Warnings:

- Hypersensitivity: Possible, as with any IgG1 monoclonal antibodies
- Bleeding disorders: As with any IM injection, use caution
- Cardiovascular events: Potential risk of MI and cardiac failure

Vaccination Status:

If vaccinated, indicate date of last vaccine: _____

- Fully vaccinated & boosted Fully vaccinated but not boosted Partially vaccinated Unvaccinated

Inclusion Criteria I - The patient must meet **ALL** of the following:

- 12+ years of age and weighing at least 40 kg
- Not currently infected with SARS-CoV-2
- Have not had a known recent exposure

Inclusion Criteria II - The patient must meet **ONE** of the following:

- Have moderate-severe immune compromise (due to a medical condition such as active cancer/advanced or untreated HIV/solid organ transplant or receipt of immunosuppressive medications or treatments)
- Cannot receive a COVID-19 vaccine due to history of severe adverse reaction (e.g. allergic reaction) to a COVID-10 vaccine and/or its components

Medication Order:

EVUSHELD - Tixagevimab 150mg/1.5mL & Cilgavimab 150mg/1.5mL (two separate, consecutive IM injections)

Prescriber Name

Prescriber Signature

Date

Time

Phone: (443) 281-9157 Fax: (410) 582-8728

801 Landmark Drive, Glen Burnie, MD 21061

Evusheld (Tixagevimab and Cilgavimab) Order Set

Allergies:

No Known

Weight in kg:

Height:

Criteria for Use

*Clinical Indication (please select all that apply): Pre-exposure prophylaxis of coronavirus disease 2019 in adults who are not currently infected with SARS-CoV-2 and who have not had known recent exposure and :

Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 or vaccination

Please check conditions that apply:

___ Active treatment for solid tumor and hematologic malignancies

___ Receipt of solid-organ transplant and taking immunosuppressive therapy

___ Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)

___ Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)

___ 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)

___ 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)

OR

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 to a COVID-19 vaccine and/or COVID-19 vaccine component

MEDICATIONS:

Evusheld (Tixagevimab 150 mg/1.5 mL and Cilgavimab 150 mg/ 1.5 ml) administered as separate, consecutive intramuscular injections x 1

Monitor the patient clinically for at least 1 hour

LIP Signature: _____ **Date:** _____ **Time:** _____

Printed name of referring Provider _____

Contact Phone number _____

All Entries MUST be LEGIBLE

Illegible orders will not be honored without clarification. Authorization is given for dispensing an equivalent drug by generic name unless the drug prescribed is followed by the designation **Medical Necessity**.

[Empty rectangular box for illegible orders]

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TidalHealth Referral Form
Evusheld® for Covid-19 Pre-exposure Prophylaxis

Please complete the information on this referral form and upon completion **fax to 410-543-7485**

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Sex: M F Other _____ Unknown

Patient's Preferred Language • English • Spanish • Other _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: mobile _____ home _____ Other _____

**Vaccination Status: _____

Allergies: _____ Other: _____

Please check appropriate boxes:

Approved use of tixagevimab plus cilgavimab (Evusheld) is for PrEP of Covid-19 in adults and pediatric patients (12 years of age and older weighing at least 40kg):

- Not currently infected with SARS-CoV-2 (consider testing if any signs/symptoms present)
- Have not had a known recent exposure to an individual infected with SARS-CoV-2

AND

(Must check one below) Have a moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to Covid-19 vaccination

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

OR

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 (severe allergic reaction) to a Covid-19 vaccine(s) and/or Covid-19 vaccine component(s)

- I, the referring provider, have discussed tixagevimab plus cilgavimab (Evusheld) therapy and the EUA status with the patient and the patient has consented to receive this treatment.
- I, the referring provider have arranged appropriate follow-up for this patient.
- Please initiate the hypersensitivity protocol as needed for any reaction to the treatment.

PROVIDER NAME (print)

PROVIDER SIGNATURE

DATE