



**ORDER SET
Injectable Therapies for Non-Severe COVID-19**

(Version 4. 2023JAN13)

First and Last Name: _____ Allergies: _____

Health Card Number: _____ Date of Birth (YYYY/MON/DD): _____

Items preceded by a **bullet** (•) are active orders. Items preceded by a **checkbox** (☐) are only to be carried out if checked.

Pharmacy Site: _____	Phone Number: _____
	Fax Number: _____
Infusion Location: _____	Phone Number: _____
	Fax Number: _____

1. Referral Criteria

- Remdesivir (Veklury™) and tixagevimab and cilgavimab (Evusheld™) for non-severe COVID-19 must be prescribed by a NS Health Non-Severe COVID-19 designated prescriber.
- **To review referral criteria, go to NS Health COVID Hub** and search "Non-severe Therapeutics Referral Criteria". Fill out the Report and Support online form (link available on Firstline app and COVID Hub) to initiate assessment for therapies.

2. Injectable Therapies

If both injectable therapies are ordered to be administered on the same day, the first infusion of remdesivir (Veklury™) to be completed prior to administration of tixagevimab and cilgavimab (Evusheld™).

Select from the following:

Remdesivir

- ☐ Remdesivir 200 mg IV x 1 on Day 1, then Remdesivir 100 mg IV daily on Day 2 and Day 3
Initiate therapy as soon as possible. Last day therapy may be initiated is _____ (YYYY/MON/DD)

Tixagevimab and Cilgavimab (Evusheld™)

- ☐ Tixagevimab 300 mg IM x 1 (in ventrogluteal muscle) followed sequentially by Cilgavimab 300 mg IM x 1 (in opposite ventrogluteal muscle) (Evusheld™ 600 mg = tixagevimab 300 mg (2 x 150 mg vials) and cilgavimab 300 mg (2 x 150 mg vials))

Date of therapy: _____ (YYYY/MON/DD)

3. Additional Information

- Consider need for pre-exposure prophylaxis in 6 months using order set "Evusheld™ (tixagevimab and cilgavimab) - COVID-19 Prevention
- If questions, please contact COVID-19 Non-Severe Therapy Pharmacist Consult Service at 1-833-714-2784 or COVIDTreatment@nshealth.ca

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Authorized Prescriber's Signature: _____ Reg. No.: _____

Authorized Prescriber's Name: _____ Date (YYYY/MON/DD): _____ Time: _____
Print

