

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

- ☐ NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4151; Fax: 207-768-4022
- ☐ NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970
- ☐ NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801
- ☐ NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788
- ☐ NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348

- ☐ NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485
- ☐ NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418
- ☐ NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917
- ☐ NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

OP pemivibart (Pemgarda) (Paper)

Page 1 of 3

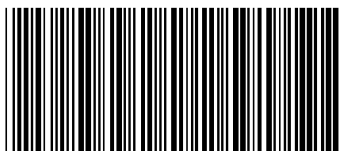
Pemivibart (Pemgarda) Criteria Checklist

Pemivibart (Pemgarda) has been authorized for preventative COVID-19 treatment specific for immunocompromised groups.

Please ensure your patient has one of these conditions before completing pages 2 and 3.

Place an X in the left-handed box for applicable criteria

| | |
|--|---|
| | Active treatment for solid tumor and hematologic malignancies |
| | Hematologic malignancies associated with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia) |
| | Receipt of solid-organ transplant or an islet 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., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome) |
| | Advanced HIV infection (people with HIV and CD4 cell counts less than 200/mm ³ , history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of systematic HIV) or untreated HIV infection |
| | Active treatment with high-dose corticosteroids (i.e., 20 mg or more of prednisone or equivalent per day when administering 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 (e.g., B-cell-depleting agents) |



100000067

Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
August 2024

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4151; Fax: 207-768-4022

☐ NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970

☐ NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801

☐ NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348

☐ NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485

☐ NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418

☐ NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917

☐ NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

OP pemivibart (Pemgarda) (Paper)

Page 2 of 3

Indication for Use: _____

IV Access

- ☐ Saline Lock:
- ☒ Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
 - ☒ Discontinue Saline Lock after therapy completed
- ☐ PICC Line:
- ☒ Routine PICC Line Care, labs and restoration (Refer to Policy #26.802 & #26.807)
 - ☐ Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- ☐ Porta cath / Central Access Device (Hickman, Triple lumen):
- ☒ Porta cath access, labs, restoration and de-access (Refer to Policy #26.902) / Central Access Device use and care (Refer to Policy #26.102)

Preauthorization Required: ☐ Received ☐ In Process ☐ Not Initiated

Pemgarda is NOT authorized for:

- Treatment of Covid-19
- Post-exposure prophylaxis of Covid-19
- Patients who would benefit from Covid-19 vaccination

Treatment Criteria for Use (All must be met):

- ☐ Age 12 years or older ☐ Weight 40 kg or greater
- ☐ NOT currently infected with SARS-CoV-2 ☐ No recent known exposure to SARS-CoV-2
- ☐ Patient has not received a COVID-19 vaccine for MINIMUM of two weeks prior
- ☐ Patient has moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications/treatments and are unlikely to mount an adequate response to Covid-19 vaccination
- ☐ Verbal consent obtained from ordering provider to authorize use of an EVA drug and consent has been documented

Reference

Fact Sheet for healthcare providers Emergency use authorization for Pemgarda

Verbal consent required. Offer EVA fact sheet to patients

Medication

Height: _____ **cm** **Weight:** _____ **kg** **Age:** _____ **years**

- ☒ pemivibart (Pemgarda) 4500 mg IVPB, 50 mL Sodium Chloride 0.9%, decant drug volume (36 mL) via 0.2 micron filter over 60 min
- ☒ Monitor and observe patient for at least 2 hours after infusion

Frequency: ☐ Once ☐ Every 3 months Duration: ☐ Once ☐ 12 months ☐ Other



100000067

Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
August 2024

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4151; Fax: 207-768-4022

☐ NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970

☐ NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801

☐ NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348

☐ NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485

☐ NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418

☐ NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917

☐ NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

OP pemivibart (Pemgarda) (Paper)

Page 3 of 3

Anaphylaxis

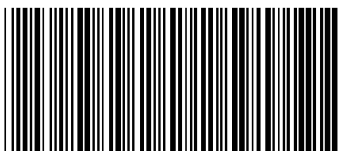
- ☒ Provider Communication *For anaphylaxis, discontinue the offending agent or medication, initiate emergency response procedures in alignment with local policy*
- ☒ EpiPen Auto-Injector
- ☐ 0.3 mg, Kit, IM, Every 5 Minute Interval, PRN, Other(comment), 3 Doses/Times, **Greater Than or Equal To 25 kg**
Comments: Max total dose – 0.9 mg (3 doses) PRN, Anaphylaxis, hypotension (Systolic blood pressure less than 90), airway swelling, difficulty breathing. May be given concurrently with diphenhydramine and famotidine based on indications.
- ☐ 0.15 mg, Kit, IM, Every 5 Minute Interval, PRN, Other(comment) 3 Doses/Times, **Less than 25 mg**
Comments: Max total dose = 0.45 mg (3 doses) PRN, Anaphylaxis, hypotension (systolic blood pressure less than 90), airway swelling, difficulty breathing. May be given concurrently with diphenhydramine and famotidine based on indications.
- ☒ Diphenhydramine (Benadryl)
- ☐ 50 mg, Soln, IVP, ONCE, PRN, Anaphylaxis, **Greater Than or Equal To 50 kg**
Comments: Indication: itching, hives, difficulty breathing or swelling of the face, lips and throat.
- ☐ 1 mg/kg, Soln, IVP, ONCE, PRN, Anaphylaxis, **Less than 50 mg**
Comments: Indication: itching, hives, difficulty breathing or swelling of the face, lips and throat.
- ☒ Famotidine (Pepcid)
- ☐ 20 mg, Soln, IVP, ONCE, PRN, Anaphylaxis, **Greater Than or Equal To 40 kg**
Comments: Indication: angioedema, stomach upset. May be given concurrently with epinephrine and diphenhydramine based on indications.
- ☐ 0.5 mg/kg, Soln, IVP, ONCE, PRN, Anaphylaxis, **Less than 40 mg**
Comments: Indication: angioedema, stomach upset. May be given concurrently with epinephrine and diphenhydramine based on indications.

Patient Care

Post Infusion

- ☒ Provider Communication *Nursing to monitor and observe patient for minimum of two hours post infusion for signs of adverse/allergic reaction; May discharge patient from clinic/office after two hours if no issues/adverse effects.*
- ☒ Education *Instruct patient to seek immediate medical attention if any signs or symptoms suggestive of a cardiovascular event are experienced after receiving Pemgarda.*

OTHER:



100000067

Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
August 2024