

Patient Name

DOB

MRN

Physician

CSN

Physician's Orders PEMIVIBART (PEMGARDA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

- Interval: Every 84 days
- Interval: Every _____ days

Duration:

- 3 Treatments
- _____ # of Treatments
- Until Date: _____

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

- CH Gerber
- CH Helen DeVos (GR)
- CH Blodgett (GR)
- CH Lemmen Holton (GR)
- CH Ludington
- CH Pennock
- CH Reed City
- CH Greenville
- CH Zeeland

Provider Specialty

- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- Infectious Disease
- Internal Med/Family Practice
- Nephrology
- Neurology
- OB/GYN
- Other
- Otolaryngology
- Pulmonary
- Rheumatology
- Surgery
- Urology
- Wound Care

Appointment Requests

- Infusion Appointment Request**
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 0 minutes, Sched. Tolerance: Schedule appointment at most 1 days before or at most 1 days after
For PEMIVIBART/PEMGARDA

Provider Ordering Guidelines

- ONC PROVIDER REMINDER 12**
EMERGENCY USE AUTHORIZATION (EUA) - Healthcare providers should provide a copy of the Fact Sheet for Patients, Parents and Caregivers (English) or Fact Sheet for Patients, Parents and Caregivers (Spanish) to patients and/or caregivers prior to infusion.

The prescribing health care provider and/or the provider's designee are/is responsible for mandatory reporting of all medication errors and serious adverse events potentially related to pemivibart treatment within 7 calendar days from the onset of the event.

Pemivibart (Emergency Use Authorization) - Corewell Health Criteria (patient must meet all of the below criteria) for Ordering:

1. For pre-exposure prophylaxis only

2. Adult or adolescent (12 years of age and older weighing at least 40 kg)

3. Not currently infected with SARS-CoV-2 and no known recent exposure to an individual infected with SARS-CoV-2

4. Moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and are unlikely to mount an adequate immune response to COVID-19 vaccination

5. Therapy plan is for three treatments. If ongoing treatment is needed therapy plan must be reordered.

6. No COVID vaccination or monoclonal treatment in the prior two weeks of treatment

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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PEMIVIBART (PEMGARDA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Nursing Orders

- ONC NURSING COMMUNICATION 10**
 Verify patient has not received either a COVID vaccination or other monoclonal treatment in the two weeks prior to infusion

- ONC NURSING COMMUNICATION 108**
 Pemivibart (PEMGARDA) -

 Infuse using infusion set containing a 0.2 micron in-line filter.

 Clinically monitor patients during infusion and observe for hypersensitivity reaction 2 hours after infusion is complete.

 There is a potential for serious hypersensitivity reaction, including anaphylaxis, with administration of pemivibart (PEMGARDA).

****NOTIFY PROVIDER AND DOCUMENT ANY ADVERSE EVENTS OR REACTIONS****

- ONC NURSING COMMUNICATION 100**
 May Initiate IV Catheter Patency Adult Protocol

- Hypersensitivity Reaction Adult Oncology Protocol**
 Until discontinued Starting when released Until Specified

Vitals

- Vital Signs**
 Routine, PRN Starting when released Until Specified
 Vital Signs: Routine vital signs per policy.

Medications

- pemivibart (Pemgarda) 4,500 mg in sodium chloride 0.9% 50 mL IVPB**
 4,500 mg, Intravenous, Administer over: 60 Minutes, Once, Starting when released
 Infuse through a dedicated line using an inline 0.2 micron filter. Administer the entire contents of the IV bag. Observe patient for at least 2 hour after the end of infusion.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician Sign

EPIC VERSION DATE: 07/16/20

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.