EISENHOWER HEALTH

39000 Bob Hope Drive,
Rancho Mirage, CA 92270
760.773-2092 – Direct
760.773.2091– Fax

Days: Tuesday and Friday

Monoclonal Antibody Injection

Tixagevimab – Cilgavimab
(Evusheld)

1. PATIENT INFORMATION

Name: _____ Birth Date: _____ Age:_____

Height: _____ Weight: _____ BMI: _____ Gender: ( ) Male ( ) Female

SS#: _____ Preferred Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Known allergies: _____

2. PROVIDER INFORMATION/PATIENT ELIGIBILTY

Provider Name: _____

Phone: _____ Fax: _____

Key Contact for Provider Phone #:

Complete the following: ***By signing, physician verifies that eligibility criteria has been met and no exclusions exist***

Vaccination Status: ( ) Unvaccinated ( ) Vaccinated ( ) Vaccinated + Booster

Patient Eligibility for Monoclonal Antibody Injection (Evusheld):

Tixagevimab – cilgavimab (Evusheld) is for pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and pediatric individuals (12 years of age and older weighing at least 40 kg):

- ☐ Who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV- 2
- ☐ 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)
- ☐ 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 vaccination

  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:

  - 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 two 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)

Exclusion Criteria (Patients meeting any of the following criteria are NOT ELIGIBLE for treatment)

- For treatment of COVID-19
- For post-exposure prophylaxis
- As a substitute for vaccination in patients whom vaccination is recommended
- Administration within 2 weeks of vaccination

Patient Counseling: The prescriber must communicate to the patient, parent and caregiver information consistent with the "FACT SHEET FOR PATIENTS, PARENTS OR CAREGIVERS" and provide them with a copy of this Fact Sheet prior to administration.

Patients- https://www.fda.gov/media/154702/download HCP - https://www.fda.gov/media/154701/download

3. PROVIDER SIGNATURE - Provider, please sign and date below. Please attach all patient-related documents.

My patient meets the EUA criteria as indicated above to receive Tixagevimab – cilgavimab (Evusheld) and I have reviewed the fact sheet for patients, parents or caregivers with the patient, parent or caregiver.

Signature Indicates Provider Agreement: _____ Date: _____

FAX REFERRAL, MOST RECENT OFFICE NOTE, MEDICATIONS, ALLERGIES & RELEVANT TEST RESULTS TO 760-773-4209