



Phone: 833-394-0600 Fax: 833-996-4888

Evusheld Injection

Please fax a copy of patient's Demographics, Insurance Information, H&P, Current Medications and Recent Visit Notes

Referral status: <input type="checkbox"/> NEW referral <input type="checkbox"/> Dose or frequency change <input type="checkbox"/> Order renewal
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Date: ____/____/____

Patient Name: _____ DOB: ____/____/____

Allergies: _____ Patient Weight: _____ lbs / kg Height: _____

ICD-10 : _____, _____, _____

Evusheld is used under EUA for the pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg).

Criteria for use under the EUA:

- Not currently infected with SARS-CoV-2 AND no recent exposure
AND
- Moderate to severe immune compromised due to a medical condition receiving immunosuppressive medications or treatments that may not mount an adequate immune response to the COVID-19 vaccine.

List condition or medication/treatment: _____

OR

- Vaccination for COVID-19 is not recommended due to history of severe reaction

Evusheld IM every 6 months x 2 doses

Tixagevimab 300mg

Cilgavimab 300mg

Printed Provider Name: _____

Provider Signature: _____

Office Phone Number: _____ Office Fax Number: _____

Contact Name: _____ Contact Phone Number: _____

New referring providers, how did you hear about us? Web Search Pharma Rep Drug Locator Patient
 Word of Mouth IA Clinical Liaison IA Website Facebook Instagram Other: _____