

EVUSHELD Order Form

Rx: EVUSHELD (cilgavimab 300mg and tixagevimab 300mg) IMX 1 dose administered as two separate consecutive intramuscular injections

Patient: _____ Date: _____

Date of birth: _____ Patient contact phone: _____

Date of most recent negative COVID-19 test (PCR or Antigen): _____

Is the patient pregnant? YES/NO/UNKNOWN

ADULT AND PEDIATRIC INCLUSION CRITERIA

Patients 12 years of age and older \geq 40kg who meet the following criteria:

- 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 **and**

(must select at least one):

- 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 **or**
- 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).

LIMITATIONS ON AUTHORIZED USE

EVUSHELD is not authorized for the following uses in individuals:

- ♦ For treatment of COVID-19, or
- ♦ For post-exposure prophylaxis of COVID-19 in individuals who have been exposed to someone infected with SARS-CoV-2
- ♦ EVUSHELD may only be prescribed for an individual patient by physicians, advanced practice registered nurses, and physician assistants that are licensed or authorized under State law to prescribe drugs in the therapeutic class to which EVUSHELD belongs (i.e., anti-infectives).
- ♦ Pre-exposure prophylaxis with EVUSHELD is not a substitute for vaccination in individuals for whom COVID-19 vaccination is recommended. Individuals for whom COVID-19 vaccination is recommended, including individuals with moderate to severe immune compromise who may derive benefit from COVID-19 vaccination, should receive COVID-19 vaccination.
- ♦ For individuals who have received a COVID-19 vaccine, EVUSHELD should be administered at least two weeks after vaccination.
- ♦ The use of EVUSHELD covered by this authorization must be in accordance with the authorized Fact Sheets.

I attest that I reviewed the EVUSHELD EUA Fact Sheet with my patient and provided a copy.

Physician/APRN/PA name: _____

Physician/APRN/PA signature: _____

Fax this order form and prescription to 954.759.7427

Emergency Use Authorization (EUA) is available at www.fda.gov/media/154701/download