

**Evusheld® (Tixagevimab and Cilgavimab) Referral Form
Meritus Medical Center (version 1.4.22)**

Provide the completed form to the patient. They will present this to the clinic for treatment.

Patient Name (First and Last): _____ **DOB:** _____ **Age:** _____
Gender (circle one): Male Female Other/Unknown
Patient preferred contact number: _____ **County of residence:** _____ **Zip code:** _____
Patient preferred language (circle one): English Spanish Other: _____

EMERGENCY USE AUTHORIZATION:

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of the unapproved product EVUSHELD (tixagevimab co-packaged with cilgavimab) for the 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 and
 - 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).
 - Patients who received a COVID-19 Vaccine should not receive Evusheld within 2 weeks of vaccine administration.

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 2 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)

Meritus Medical Center may have further criteria for use depending on scarcity of medication supply.

Patient's Diagnosis: Pre-Exposure Prophylaxis of COVID-19 **Secondary "at risk" Diagnosis** _____

Order: Administer Evusheld (Tixagevimab 150 mg and Cilgavimab 150 mg) IM x 1 dose (2 injections = 1 dose)

I, the referring provider, have read and understand the EUA information above. I have advised the patient on the benefits and possible adverse reactions as stated in the EUA.

**** Indicates Provider Agreement (please check box)** **Provider NPI #** _____

Provider name (print): _____ **Date:** _____

Provider signature: _____ **Phone number:** _____

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Please provide to the patient for additional information.

FAQs

Where do I go to obtain my Evusheld® (Tixagevimab and Cilgavimab)?

- The clinic is located at Robinwood Professional Center – Atrium (11110 Medical Campus Road, Hagerstown, MD 21740).
- Follow Meritus Vaccination Clinic signs to the Robinwood Professional Center - Silver parking lot and entrance.
- Enter the Silver entrance of Robinwood Professional Center

What are the hours of the Evusheld® (Tixagevimab and Cilgavimab) clinic?

- The hours of the clinic are walk in Tuesday, Wednesday, and Thursday from 10am – 2pm.

What should I expect during my appointment?

- Registration will occur in the robinwood atrium.
- Two intermuscular injections at different injection sites, preferably one in each of the gluteal muscles, one after the other will be administered.
 - Please wear appropriate clothing for the administration in the gluteal area. Privacy will be maintained during the injection.
- After injection, patients will be monitored for at least an hour.

How long will my appointment take?

- The entire process, start to finish, will consist of an hour and fifteen minutes.

What do I need to bring with me to check in for my appointment?

- Please bring your ID (state issues ID and/or drivers license) and insurance card.
- Please bring your referral form.