



# Evusheld® (Tixagevimab / Cilgavimab) REFERRAL FORM & PRESCRIPTION

| Primary Care Provider Information |           | Patient Information |           |
|-----------------------------------|-----------|---------------------|-----------|
| First Name                        | Last Name | First Name          | Last Name |
| Contact no:                       |           | Address             |           |
|                                   |           | Contact no:         |           |

*Patients are encouraged to receive ALL doses of vaccination before being considered for Evusheld*

|   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Vaccinated (no. of doses) _____ Most recent Immunization Date: ___/___/___<br><i>(Do not administer Evusheld within 2 weeks of immunization)</i> | <input type="checkbox"/> Unvaccinated |
|---|---------------------------------------|

**Contraindications:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than 12 years old/ Less than 40 kg | <input type="checkbox"/> Current COVID-19 infection (must wait 2-3 months before administering) | <input type="checkbox"/> Recent COVID-19 exposure (within 10 days of post-symptom onset of close contact) |
|--|---|---|

**Precautions for Use : Consider Risk vs Benefit**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> History of Unstable Cardiac disease (MI, Unstable CAD)   | <input type="checkbox"/> High risk of Thromboembolic events | <input type="checkbox"/> Pregnancy / Breast-feeding |
| <input type="checkbox"/> Anticoagulant Use / thrombocytopenia/ other bleeding disorders –caution with I.M. injections & bleeding risk /muscle hematomas |   |   |

**Inclusion Criteria:** Treatment is only available for select immunocompromised patients, including:

**Malignant hematology patients**

| Tier 1  | Adults   | Children (≥ 12 years)   |
|---|--|---|
| <input type="checkbox"/> CAR T-cell therapy                       | Prior to or within 1 year of therapy   | Within 3-6 months before OR<br>Within 3-6 months after CAR T-cell therapy |
| <input type="checkbox"/> CD-20 inhibitors                         | On active treatment, or within 6 months of treatment   |   |
| <input type="checkbox"/> Allogeneic stem cell transplant          | Prior to transplant conditioning or within 1 year of transplant or if patient on long-term immunosuppressive therapy | Within 3-6 months before OR<br>Within 3-6 months after transplant         |
| Tier 2  |  |   |
| <input type="checkbox"/> BTK inhibitors or Venetoclax             | On active treatment, or within 6 months of treatment   |   |
| <input type="checkbox"/> Autologous stem cell transplant          | Prior to or within 6 months of transplant  | Not recommended   |
| Tier 3  |  |   |
| <input type="checkbox"/> Other malignant hematological conditions | On active treatment, or within 3 months of therapy   | Specialist input required   |

**Solid organ transplant patients**

| Tier 1   | All Patients ≥ 12 years of Age |  |
|--|--------------------------------|--|
| <input type="checkbox"/> Lung Transplant   | All                            |  |
| <input type="checkbox"/> Recent Transplant   | < 6 months                     |  |
| <input type="checkbox"/> B-cell depletion (Rituximab)  | Within last 6 months           |  |
| <input type="checkbox"/> Plasmapheresis / ATG for rejection (excl. patients with ongoing plasmapheresis) | Within the last 3 months       |  |
| Tier 2   |                                |  |
| <input type="checkbox"/> All organs  | Age ≥ 60 years                 |  |
| Tier 3   |                                |  |
| <input type="checkbox"/> All organs  | Age < 60 years                 |  |

\_\_\_\_\_  
 Referring Physician (Print Name)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Contact No.

\_\_\_\_\_  
 Date:

**MEDICATION ORDER**

- 300 mg of Evusheld (150 mg Tixagevimab and 150 mg Cilgavimab), administered as TWO separate sequential I.M. injections in each of the gluteal muscles, x 1 DOSE ONLY. No information on repeat dosing available.

**Renal/Hepatic concerns / Drug Interactions**

Evusheld is not renally excreted or metabolized by cytochrome P450 enzymes. No clinically significant drug-drug interactions identified.

\_\_\_\_\_  
 Prescribing Physician (Print Name)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Contact no:

\_\_\_\_\_  
 Date