 <p><b>VANCOUVER CLINIC<sup>®</sup></b>  <b>ADULT AMBULATORY NON-CHEMO  INFUSION REFERRAL and ORDER</b></p> <p>Attn: Infusion Department</p> <p><b>Tixagevimab/Cilgavimab (EVUSHELD<sup>®</sup>)</b></p>	<p><b>NAME:</b>  <b>DOB:</b>  <b>INSURANCE:</b>  <b>PROVIDER NAME:</b>  <b>CLINIC NAME and Phone number:</b></p>
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Weight: \_\_\_\_\_ lb/kg    Height: \_\_\_\_\_ inch/cm  
Diagnostic Code ICD-10: \_\_\_\_\_    Diagnosis: \_\_\_\_\_

Initial Consult     Annual Renewal  
Treatment Start Date: \_\_\_\_\_

**\*\*These orders will expire after 365 days; new orders are needed after the expiration date\*\***


This form serves as a referral to infusion services and for medication ordering. Patients will be seen by our internal infusion clinician for purposes of providing care.

**GUIDELINES FOR ORDERING:**

- Send FACE SHEET and H&P or most recent chart note.
- Vancouver Clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Attest that the patient meets the following criteria to receive tixagevimab + cilgavimab (Evusheld<sup>®</sup>) as pre-exposure prophylaxis:
  - Not currently infected with SARS-CoV-2, and no known recent exposure to an infected individual
  - Are moderately to severely immunocompromised 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 are unable to be vaccinated due to history of severe adverse or allergic reaction to a COVID-19 vaccine(s) and/or components.
- Have considered the benefit-risk for this patient and advised that the potential benefit exceeds the known risks. These were communicated to the patient or their representative consistent with the FDA EUA fact sheet for patients, which was also provided. They were informed of alternatives to receiving pre-exposure prophylaxis and that it is an unapproved drug that is authorized for use under EUA. They wish to proceed with treatment.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

*Please fax the completed form and pertinent information to Fax: 360-604-1776*

**Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664**  
Phone: 360-541-3245

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**MEDICATIONS:**

- Tixagevimab 300 mg and Cilgavimab 300 mg administered as two separate consecutive intramuscular (IM) injections given every 6 months.

**Provider's signature:** \_\_\_\_\_

**Provider's printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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