### Regional Covid Care Clinic
Call: 226-806-5690
Fax: 519-749-4356

---

**Evusheld® (Tixagevimab / Cilgavimab)**

**REFERRAL FORM & PRESCRIPTION**

---

**Primary Care Provider Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address**

AFFIX PATIENT INFORMATION STICKER

**Contact no:**

---

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

- [ ] Vaccinated (no. of doses)  
- [ ] Unvaccinated  

(Do not administer Evusheld within 2 weeks of immunization)

**Contraindications:**

- [ ] Less than 12 years old/ Less than 40 kg  
- [ ] Current COVID-19 infection (must wait 2-3 months before administering)  
- [ ] Recent COVID-19 exposure (within 10 days of post-symptom onset of close contact)

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

- [ ] History of Unstable Cardiac disease (MI, Unstable CAD)  
- [ ] High risk of Thromboembolic events  
- [ ] Pregnancy / Breast-feeding  

- [ ] 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 hematopoietic patients

<table>
<thead>
<tr>
<th>Tier</th>
<th>Adults</th>
<th>Children (≥ 12 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CAR T-cell therapy</td>
<td>Prior to or within 1 year of therapy</td>
</tr>
<tr>
<td>2</td>
<td>CD-20 inhibitors</td>
<td>On active treatment, or within 6 months of treatment</td>
</tr>
<tr>
<td></td>
<td>Allogeneic stem cell transplant</td>
<td>Prior to transplant conditioning or within 1 year of transplant or if patient on long-term immunosuppressive therapy</td>
</tr>
</tbody>
</table>

#### Solid organ transplant patients

<table>
<thead>
<tr>
<th>Tier</th>
<th>Adults</th>
<th>Children (≥ 12 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lung Transplant</td>
<td>All</td>
</tr>
<tr>
<td>2</td>
<td>Recent Transplant</td>
<td>&lt; 6 months</td>
</tr>
<tr>
<td></td>
<td>B-cell depletion (Rituximab)</td>
<td>Within last 6 months</td>
</tr>
<tr>
<td></td>
<td>Plasmapheresis / ATG for rejection (excl. patients with ongoing plasmapheresis)</td>
<td>Within the last 3 months</td>
</tr>
</tbody>
</table>

**NEW ELIGIBILITY (as of Oct 3/2022):**

- [ ] People receiving anti-B-cell therapy (e.g. Rituximab)  
- [ ] People with significant primary immunodeficiency

**Referring Physician (Print Name)**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Contact No.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescribing Physician (Print Name)**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Contact No.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**MEDICATION ORDER**

**Standard Dosing** (licensed use, approved by Health Canada, endorsed by Ontario Health):

- [ ] 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. Limited safety/no efficacy data available for repeat dosing

**Increased Dosing** (unlicensed, used in some Canadian jurisdictions, approved by FDA/EMA):

- [ ] 600 mg of Evusheld (300 mg Tixagevimab and 300 mg Cilgavimab), administered as TWO separate sequential I/M injections in each of the gluteal muscles. Repeat dosing q6 months in use

- [ ] New patients  
- [ ] >3 months since Evusheld 300 mg given  
- [ ] > 6 months since Evusheld 600 mg given

---

October 16, 2022. V3