External Referral Evusheld
Please fax to: CHA Covid Treatment Center 978-367-9946 (Fax)
Bolded questions are required.

NIH COVID Treatment Guidelines:
https://www.covid19treatmentguidelines.nih.gov/

Massachusetts DPH Clinical Guidance on Therapeutics for COVID-19 Massachusetts DPH
https://www.mass.gov/info-details/information-for-providers-about-therapeutic-treatments-for-covid19#guidance

Patient Name (printed): _____
Patient DOB:_____ **Patient Weight** (must be >40kg/88lbs):_____
Allergies:_____

Patient Primary phone numbers:_____
Additional phone numbers:_____

Patient Vaccination Status (circle one):
Fully Vaccinated? : YES NO

Boosted? YES NO Other:.....

I attest to presence of qualifying high-risk condition(s) as per Evusheld EUA (Page 2) :

YES NO

What is the patient's indication for Evusheld treatment? ….

EVUSHELD Prescription -
Administer 300 mg tixagevimab IM and 300 mg of cilgavimab IM concurrently x 1 dose each. No refills

I have reviewed indications for, contraindications for, complications of and side effects of the treatment medication prescribed and have counseled the above patient fully on risks and benefits accordingly. There are no known contraindications to proceeding with EVUSHELD administration.
Prescriber name (print)_____
Prescribers direct phone_____
Prescriber email (print clearly) _____

Full NIH Guidelines: COVID-19 Treatment Guidelines Recommendations NIH Panel recommends Evusheld (EVUSHELD Provider Information) for:

- adults and adolescents (aged ≥12 years and weighing ≥40 kg) who do not have SARS-CoV-2 infection, who have not been recently exposed to an individual with SARS-CoV-2 infection, AND who:
- Are moderately to severely immunocompromised* and may have inadequate immune response to COVID-19 vaccination OR
- Are not able to be fully vaccinated with any available COVID-19 vaccines due to a documented history of severe adverse reaction to a COVID-19 vaccine or any of its components. Tixagevimab plus cilgavimab is not a substitute for COVID-19 vaccination and should not be used in unvaccinated individuals for whom COVID-19 vaccination is recommended and who are anticipated to have an adequate response.

***Individuals who qualify as having moderate to severe immunocompromising conditions under this EUA include but are not limited to:**

- Are receiving active treatment for solid tumors and hematologic malignancies.
- Received a solid-organ transplant and are taking immunosuppressive therapy.
- Received chimeric antigen receptor T cell therapy or a hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy).
- Have a moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Have advanced or untreated HIV infection (defined as people with HIV and CD4 T lymphocyte cell counts
- Are receiving 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 blockers, or other immunosuppressive or immunomodulatory biologic agents (e.g., B cell– depleting agents).