



INFUSE ONE

PEMGARDA

PATIENT INFORMATION		Referral Status: <input type="radio"/> New Referral <input type="radio"/> Updated Order <input type="radio"/> Order Renewal	
Patient Name:		DOB:	
Allergies:	Weight (kg):	Height (cm):	
ICD-10 Code(s) & Description (<i>required</i>):			
<input type="checkbox"/> (<i>required</i>) The patient's demographics, insurance, lab results, meds and recent visit notes were sent to IA.			
The patient has an existing prior authorization: <input type="radio"/> Yes (<i>please fax IA a copy</i>) <input type="radio"/> No (<i>IA will process for you</i>)			

PRESCRIBING OFFICE		
Contact Name:	Contact Phone Number:	
Ordering Provider:	Provider NPI:	
Practice Name:	Phone:	Fax:

CLINICAL HISTORY
Pemgarda is used under EUA for the pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and adolescents (12 years of age and older weighing at least 40 kg).
Criteria for use under the EUA:
<input type="checkbox"/> Not currently infected with SARS-CoV-2 and who have not had known recent exposure.
AND
<input type="checkbox"/> Moderate-to-severe immune compromised due to a medical condition or receiving immunosuppressive medications or treatments and are unlikely to mount an adequate immune response to COVID-19 vaccination.

THERAPY ADMINISTRATION	
Pemgarda (pemivibart) IV	
Dose: 4500mg	
Frequency: <input type="radio"/> Once <input type="radio"/> Repeat every 3 months	
Number of Doses: _____	
Date of last infusion if not at IA:	RX Expiration Date:

Additional Notes from Referring Office:

Provider Name (Print)	Provider Signature	Date