COVID-19 Prophylaxis Clinic Referral Form

Scarborough Health Network (Centenary site)	**2867 Ellesmere Rd (Virtual Clinic)**	**Clinic Tel: 416-284-8131 ext 7788 Fax: 416-623-1213**

Evusheld™ (Tixagevimab and cilgavimab) is indicated for the pre-exposure prophylaxis of COVID-19 in adults and adolescents 12 years of age and older weighing at least 40 kg.

Current patients of the Scarborough Health Network (SHN)'s Oncology/Haematology program who have blood cancer (e.g. CAR T-cell therapy recipients, stem cell transplant, CD-20 inhibitors, receiving Bruton Tyrosine Kinase (BTK) inhibitors, venetoclax or other treatment for malignant hematology) will be identified and assessed for Evusheld eligibility by the patient's SHN Oncologist/Haematologist and do not require a referral to the SHN COVID-19 Prophylaxis Clinic.

Patient Information

Name: _____ Gender: ☐ M ☐ F Date of Birth (DD/MM/YY): _____

Address:_____

Postal Code:_____ Phone Number: _____ HCN:_____

Allergies: ☐ No known drug allergies	Vaccination Status: ☐ 3 or more doses of COVID-19 vaccine received ☐ Greater than 2 weeks since last dose of COVID-19 vaccine received ☐ Other (specify):_____
Weight (kg):_____	Patient Consent: ☐ SHN Evusheld Consent Form has been fully reviewed with patient and the patient has provided verbal/signed consent. (Attach signed consent form to this referral form if completed).

CRITERIA FOR USE

ALL fields from A to E must be completed to be eligible for treatment for Evusheld

A	☐ **Patient 12 years and older**			
B	☐ **Weight equal or greater than 40 kg**			
C	☐ **Patient is NOT currently infected with COVID-19**			
D	☐ **Patient has not had a known recent exposure to an individual infected with COVID-19 (within 8 days)**			
E		**Solid Organ Transplant (Patients 12 years and older)**	**Malignant Hematology**	
			Adults (age 18 years and older)	**Children (age 12 to 17 years)**
	Criteria 1	☐ All lung transplant ☐ Recent transplant less than 6 months ☐ B-cell depletion (rituximab) within the last 6 months ☐ Plasmapheresis/ATG rejection (excluding patients with ongoing plasmapheresis) within last 3 months	☐ CAR T-cell therapy • Ideally within 1 year of CAR T-cell therapy OR • Could be given prior to CAR T-cell therapy)	☐ CAR T-cell therapy • Within 3-6 months before OR • Within 3-6 months after CAR T-cell therapy
			☐ Allogeneic Stem Cell Transplant • Ideally within 1 year of allogeneic stem cell transplant, or if patient remains on prednisone or other therapy with significant immuno-suppression effects OR • Could be given prior to allogeneic stem cell transplant conditioning	☐ Allogeneic Stem Cell Transplant • Within 3-6 months before OR • Within 3-6 months after transplant
			☐ Treated with CD-20 Inhibitors • Patients on active treatment OR • Within 6 months of treatment	
	Criteria 2	☐ All organs transplant patients age 60 years and older	☐ Treated with Bruton Tyrosine Kinase (BTK) inhibitors or venetoclax • Patients on active treatment OR within 6 months of treatment	
			☐ Autologous Stem Cell Transplant • Ideally within 6 months of autologous stem cell transplant OR • Could be given prior to allogeneic stem cell transplant conditioning	*Not routinely recommended for autologous stem cell transplant patients*
	Criteria 3	☐ All organs transplant patients age less than 60 years	☐ Other Malignant Hematology Patients • Patients on active treatment OR • Within 3 months of active therapy	☐ Other Malignant Hematology Patients *Based on discretion of subspecialist and within 3 months if considered*

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	Criteria 4	☐ Patients receiving anti-B-cell therapy (e.g. rituximab) (all patients 12 years and older)
	Criteria 5	☐ Patients with significant primary immunodeficiency (all patients 12 years and older) * (see *Appendix A* for examples of common primary immunodeficiencies on page 3)

Prescriber/Referee Attestation (Must be completed to be eligible for treatment)

☐ I affirm that my patient meets above criteria for use

Prescriber/Referee Name (print): _____ Direct Contact Number (not office line): _____

Prescriber/Referee Signature: _____ Date/Time: _____

CPSO# (if applicable): _____

Referral Physician's Billing # (if applicable): _____

☐ RN/RPN (if applicable): _____
☐ Referred from SHN COVID-19 Vaccine Clinic (if applicable): _____
_____

Appendix A: Examples of common primary immunodeficiencies *(this list only includes the most common conditions and does not include all types of primary immunodeficiencies)* [1]

- Activated PI3K Delta Syndrome (APDS)
- Agammaglobulinemia: X-Linked and Autosomal Recessive
- Ataxia Telangiectasia
- Cartilage Hair Hypoplasia (CHH)
- Chronic Granulomatous Disease (CGD) and Other Phagocytic Cell Disorders
- Chronic Mucocutaneous Candidiasis (CMC)
- Chronic Neutropenia
- Comel-Netherton Syndrome
- Common Variable Immune Deficiency (CVID)
- Complement Deficiencies
- Congenital Athymia
- DiGeorge Syndrome
- Drug-Induced Antibody Deficiency
- Heavy Chain Deficiencies
- Hemophagocytic Lymphohistiocytosis (HLH)
- Hoyeraal-Hreidarsson Syndrome (Dyskeratosis Congenita)
- Hyper IgE Syndrome
- Hyper IgM Syndromes
- IgG Subclass Deficiency
- Immunodeficiency with Centromeric Instability and Facial Anomalies (ICF)
- Immunodeficiency with Thymoma (Good's Syndrome)
- Innate Immune Defects
- Kappa Chain Deficiency
- Leukocyte Adhesion Deficiency (LAD)
- NEMO Deficiency Syndrome
- Post-Meiotic Segregation (PMS2) Disorder
- Schimke Syndrome
- Selective IgA Deficiency
- Selective IgM Deficiency
- Severe Combined Immune Deficiency (SCID) and Combined Immune Deficiency
- Specific Antibody Deficiency
- Transient Hypogammaglobulinemia of Infancy
- Transcobalamin II Deficiency
- Unspecified Hypogammaglobulinemia
- Veno-occlusive Disease (VODI)
- WHIM Syndrome (Warts, Hypogammaglobulinemia, Infections, and Myelokathexis)
- Wiskott-Aldrich Syndrome
- X-linked Lymphoproliferative (XLP) Syndromes 1 and 2
- X-linked Immune Dysregulation with Polyendocrinopathy (IPEX) Syndrome

Reference:

1. Immune Deficiency Foundation. Specific PI Diagnoses. Available from: https://primaryimmune.org/specific-pi-diagnoses [Accessed 21st October 2022]