

TN
100 Covey Drive
Suite 307
Franklin, TN 37067



PEMGARDA (pemivibart)

ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> NKDA Allergies:		Weight lbs/kg:	

PHYSICIAN INFORMATION

Physician Name:	Practice Name:		
Address:	Office Contact Name:	Office Contact #:	
Phone:	Fax:	Email (for updates):	

REFERRAL STATUS

New Referral Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order

PEMGARDA: injection, for intravenous use.

The U.S. Food and Drug Administration (FDA) has issued an EUA for the emergency use of the unapproved product PEMGARDA for the pre-exposure prophylaxis of COVID-19 in adults and adolescents (12 years of age and older weighing at least 40 kg):

- Who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2 **and**
- Who have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments **and** are unlikely to mount an adequate immune response to COVID-19 vaccination.

- ICD-10*:** _____
- Dx Code:** _____
- Dx Code:** _____

PRE-MEDICATION

- Tylenol PO 650mg 1000mg other _____
- Solumedrol 125mg IV other _____
- Benadryl 25mg 50mg other _____ IV PO
- Medication _____ Dose _____ Route _____
- _____ (other) _____ (other)

WARNINGS AND PRECAUTIONS

<https://invivyd.com/wp-content/uploads/2024/09/EUA-122-Grant-Revised-FS-for-HCP.pdf>

PEMGARDA ORDERS

PATIENT WEIGHT

_____ lbs.
_____ kg

- Initial dosage of PEMGARDA in adults and adolescents (12 years of age and older weighing t least 40 kg) is 4500mg
- Repeat 4500mg of PEMGARDA administered every 3 months x _____ doses

- Clinically monitor patients during infusion and observe patients for at least 2 hours after infusion is completed.

NOTES/ADDITIONAL COMMENTS:

REQUIRED DOCUMENTATION CHECKLIST:

- ____ Patient Demographics
- ____ Insurance Card/Information
- ____ Recent Labs
- ____ Recent Progress and Vaccination Status
- ____ Other

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

Diagnosis Code: _____
Order/dosage: _____
Signature: _____