

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Bronx
226 West 238th Street
Bronx, NY 10463

Brooklyn/Sheepshead Bay
2546 East 17th Street
Fl. 1
Brooklyn, NY 11235

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225



Manhattan
225 E 70th Street
Suite 1E
New York, NY 10021

Manhattan/Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

5 Towns
141 Washington Avenue
Cedarhurst, NY 11559

Manhattan/FIDI
30 Broad Street
Suite 401
New York, NY, 10004

Manhattan
57W 57Street
Suite 601
New York, NY 10019

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Manhattan/Midtown
120 East 56 Street
Suite 3D
New York, NY 10022

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Woodbury
75 Froehlich Farm
Woodbury, NY 11797

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Long Beach
917 Beech Street
Long Beach, NY 11561

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

NYC Central Park West
115 Central Park West
Suite 15
New York, NY 10023

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Staten Island
27 New Dorp Lane
Staten Island, NY 10306



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: _____