

Has it been at least 2-weeks since the patient received a COVID-19 vaccination? Please note: Choose Not applicable if patient is not vaccinated. Yes No Not Applicable

Does the patient weigh 40 kg (88 lbs.) or more? Yes No

Is the patient currently infected with SARS-CoV-2? Yes No

Has the patient had a known recent exposure to a patient infected with SARS-CoV-2? Yes No

Does the patient have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and is unlikely to mount an adequate immune response to COVID-19 vaccination? Note: Medical conditions or treatments that may result in moderate to severe immune compromise and an inadequate immune response to COVID-19 vaccination include: active treatment for solid tumor and hematologic malignancies; hematologic malignancies associated with poor responses to COVID-19 vaccines regardless of current treatment status (for example, chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia); receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy; receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppressive therapy); moderate or severe primary immunodeficiency (for example, common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome); advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV); active treatment with high-dose corticosteroids (that is, greater than or equal to 20 mg prednisone or equivalent per day when administered for at least 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, and biologic agents that are immunosuppressive or immunomodulatory (for example, B-cell depleting agents). Yes No

Is the requested dosing 4,500 mg administered intravenously (IV), not more frequently than one time every 3 months? Yes No

(if no) Please provide clinical support for requesting this DOSE for your patient (examples could include past doses tried, past medications tried, pertinent patient history).

Additional Pertinent Information:

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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