

FAQs for Healthcare Providers

Tixagevimab and Cilgavimab (Evusheld) Pre-exposure Prophylaxis

What is Evusheld?

Evusheld is a combination of two antibodies against the SARS-CoV-2 virus. It is available to individuals who may be unable to fully generate antibodies on their own. It is currently approved to prevent infection, not to treat an existing infection, and is expected to provide protection for approximately 6 months. **Evusheld is NOT an alternative to vaccination.**

Which patients are eligible?

- Solid organ transplant patients who meet one or more of the following criteria:
 - Lung transplant
 - Received B cell depleting therapy (e.g. rituximab), T cell depletion (e.g. ATG, alemtuzumab), or belatacept within the past six months
 - Any solid organ transplant in first six months post-transplant
 - 60 years of age or older
- Stem Cell Transplant or CAR-T therapy within the past 12 months
- Hematologic malignancy on B cell depleting agent within the past 12 months
- Moderate or Severe Immunodeficiency i.e. patients who have primary immune defects known to be associated with impaired antibody production and function. Examples of such conditions include CVID, SADs, XLA, Job's Syndrome; DiGeorge Syndrome
- Secondary immunodeficiency due to treatment with a B-cell depleting therapy
- Secondary hypogammaglobulinemia (IgG less than 5g/L) with a history of recurrent infections
- Unable to take vaccination due to a documented allergy or anaphylactic reaction to the COVID-19 vaccination

Patients must also: (i) weigh at least 40 kg and be 12 years of age or older; (ii) not have a current COVID-19 infection or a recent COVID-19 exposure (within eight days); and, (iii) be more than 14 days since their last COVID-19 vaccination or recovery from a COVID-19 infection. Additionally, it is recommended that individuals wait at least 14 days after Evusheld administration before receiving COVID-19 vaccination.

What are the potential benefits of Evusheld?

Evusheld may lower the risk of developing symptomatic COVID-19. In one study of Evusheld, over six months, three per 1,000 patients who received Evusheld later developed symptomatic COVID-19, compared to 18 per 1,000 patients who received placebo.

Are there cardiac safety concerns with Evusheld?

In a post-hoc analysis, the incidence of serious cardiac adverse events (e.g., myocardial infarction, cardiac failure, arrhythmia) was higher in the Evusheld group than the placebo group (0.6% vs 0.2%). While no clear temporal relationship with Evusheld was observed, caution should be used and a discussion of risks and benefits should occur with patients with known (or at high risk for) cardiovascular disease.

How is Evusheld administered?

Evusheld is given as two intramuscular injections, one in the side of each of the upper gluteal muscles. It is administered at dedicated third-party sites in Calgary Zone and Edmonton Zone, as well as periodically available sites in Grande Prairie, Fort McMurray, Red Deer, Lethbridge and Medicine Hat.

What dose should be prescribed?

Recommended dosing has recently been increased from 300mg to 600mg based on FDA guidance and emerging evidence that the higher dose is preferred for the BA.4 and BA.5 variants of SARS-CoV-2.

The dosing recommendations are as follows:

Patients will be prescribed 600mg if:

- They have not previously received Evusheld
- It has been three months or more since they received a low dose of Evusheld (300mg)
- It has been six months or more since they received a high dose of Evusheld (600mg)

Patients will be prescribed 300mg if it has been less than three months since they received a low dose of Evusheld (300mg).

I have a patient I believe is eligible for Evusheld. How do I refer that patient on for further assessment?

At this time, patients can call 1-844-343-0971 to be assessed for access to Evusheld. Patients can also be referred to their specialist (transplant, hematology/oncology) to discuss potential use of Evusheld. Physicians who want more information can call RAAPID from 8am-8pm daily at 1-800-282-9911 in the north or 1-800-661-1700 in the south. For more information on the AHS implementation of outpatient treatments, visit ahs.ca/covidopt.