The Delaware Division of Public Health, Office of Emergency Services and Hospital Preparedness is issuing this updated information guide on the administration of EVUSHELD for the pre-exposure prophylaxis (PrEP) of coronavirus disease 2019 (COVID-19) in adults and pediatric individuals (12 years of age and older weighing at least 40kg) who are moderately to severely immunocompromised.

The U.S. Government has indicated that a significant portion of the eligible patient population is not receiving Evusheld. We are encouraging providers to review patient histories and consider administering the only PrEP against COVID-19.

Summary

Since the declaration of a public health emergency on January 27, 2020, circumstances have existed to justify the authorization of emergency use of drugs and biological products.

The U.S. Food and Drug Administration (FDA) issued the original Emergency Use Authorization for Evusheld in December of 2021.Evusheld consists of 2 long-acting monoclonal antibodies that bind to the spike protein of the virus that causes COVID-19 to prevent it from infecting human cells. Evusheld has been shown to substantially decrease the risk of developing symptomatic COVID-19 infection for up to six months after administration.

Background

The initial dosing schedule for Evusheld was 150mg of Tixagevimab and 150mg of Cilgavimab administered as two separate consecutive intramuscular injections. However, in February 2022 the FDA amended the EUA and authorized an increase of the dosage to 300mg of Tixagevimab and 300mg of Cilgavimab administered as two consecutive intramuscular injections adding in June 2022 a recommendation for repeat dosing every six months while SARS-CoV-2 remains in circulation.

Recommendation

The National Institutes of Health (NIH) recommends using Evusheld as PrEP for adults and adolescents who do not have COVID-19 or a recent exposure to an individual with the infection, and who are moderately to severely immunocompromised and may have an inadequate immune response to COVID-19 vaccination or cannot be vaccinated due to a history of severe reactions to a COVID-19 vaccine.

Medical conditions or treatments that may result in moderate to severe immune compromise and an inadequate immune response to COVID-19 vaccination include but are not limited to:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm, history of an AIDS-defining illness without immune reconstitution, or clinical manifestation of symptomatic HIV)
- Active treatment with high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Be advised, this is not a substitute for vaccination in individuals for whom COVID-19 is recommended, including individuals with moderate to severe immune compromise. Evusheld can be administered to persons who have been vaccinated as long as it has been two weeks since the last dose.

Dosage

Table 1 Dosage of 300 mg of Tixagevimab and 300 mg of Cilgavimab

EVUSHELD* (tixagevimab co-packaged with cilgavimab)	Antibody dose	Number of vials needed	Volume to withdraw from vial(s)
	tixagevimab 300 mg	2 vials	3 mL
	cilgavimab 300 mg	2 vials	3 mL

* 300 mg of tixagevimab and 300 mg of cilgavimab are to be administered as separate, consecutive intramuscular injections

Each Evusheld carton contains two vials. One containing 150mg/1.5ml of tixagevimab and One containing 150mg/1.5ml of cilgavimab. The provider will need to open two cartons to obtain the total recommended dosage of 300mg of tixagevimab and 300mg of cilgavimab drawn up in two separate syringes each containing 3mls.

Administer each injection intramuscularly in different sites, preferably one in each gluteal muscle.

Clinically monitor the patient after the injections for at least one hour.

Patients who have already received the original 150mg of tixagevimab and 150mg of cilgavimab should receive an additional dose of 150mg of tixagevimab and 150mg of cilgavimab as soon as possible to raise their monoclonal antibody levels to those expected for patients receiving the higher dose.

Table 2 Dosage of 150 mg of Tixagevimab and 150 mg of Cilgavimab

EVUSHELD* (tixagevimab co-packaged with cilgavimab)	Antibody dose	Number of vials needed	Volume to withdraw from vial
	tixagevimab 150 mg	1 vial	1.5 mL
	cilgavimab 150 mg	1 vial	1.5 mL

* 150 mg of tixagevimab and 150 mg of cilgavimab are to be administered as separate, consecutive intramuscular injections

Adverse Reactions

Most common adverse reactions are headache, fatigue, and cough

Warnings and Precautions

- Hypersensitivity including anaphylaxis: Clinically monitor the patient for at least one hour post administration. Be prepared to treat any adverse reaction and activate the 911 emergency medical system if needed.

- Clinically significant bleeding disorders: give with caution to patients with thrombocytopenia or any coagulation disorders.

- Cardiovascular events: There is a higher proportion of reported myocardial infarction and cardiac failure in patients with cardiovascular disease or have cardiac risk factors.

Resources

www.covid19treatmentguidelines.nih.gov

www.evusheld.com