

Te Whatu Ora Waitara Canterbury: Department of Neurology

Evusheld™ (Tixagevimab and Cilgavimab) for pre-exposure prophylaxis of COVID-19 in Multiple Sclerosis Patients

Rationale:

Some immunocompromised people, such as those receiving ocrelizumab, fingolimod or rituximab remain vulnerable to COVID-19 despite vaccination due to an inadequate immune response. These people may benefit from pre-exposure prophylaxis with Evusheld™.

Evusheld™ is made up of two medicines: tixagevimab and cilgavimab. They are anti-SARS-CoV-2 monoclonal antibodies. When taken together they stick to the COVID-19 virus and keep it from infecting healthy cells in your body. Evusheld™ may protect people from getting, or becoming very sick from, COVID-19. It may reduce the risk of being admitted to hospital.

Evidence:

Use of Evusheld™ in the severely immunocompromised has been extrapolated from existing studies of pre-exposure prophylaxis in a lower risk population. The PROVENT trial is the key pre-exposure prophylaxis trial and found a 76% reduction in the incidence of symptomatic COVID-19 infection in patients receiving Evusheld™.

Efficacy of monoclonal antibody treatments have proven vulnerable to mutations in the SARS-CoV-2 receptor binding domain and novel variants of SARS-CoV-2 may not be neutralised by Evusheld™. The BA5 Omicron variant of COVID-19 remains susceptible to Evusheld™, but a dose of 600mg (twice that in the PROVENT trial) is required due to reduced potency.

Indications, contraindications and cautions for use of Evusheld:

Evusheld™ is indicated for pre-exposure prevention of COVID-19 in MS patients on ocrelizumab or fingolimod, aged ≥12 years and ≥ 40kg, and have not had a recent (within 8 days) known COVID-19 case.

Evusheld™ may not be suitable in some situations. Caution is advised in patients who have:

1. Had a previous allergy to Evusheld™
2. Low number of blood platelets (thrombocytopenia), any bleeding disorder or are on anticoagulants. This is because of the risk of bleeding following intramuscular injections.
3. Are pregnant or breast feeding. Although the risks are likely to be small, consultation with an obstetric physician is advised.
4. Have had a heart attack or stroke or considered high risk of other heart problems.

Recommended dose:

Evusheld™ is given as 2 injections (300 mg tixagevimab + 300 mg cilgavimab) one after the other into a muscle; usually 1 injection into each of your buttocks. Your doctor or nurse will give you the

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injections. As some people can have an allergic reaction to Evusheld™, you will be watched by the nurse or doctor for a short period after your injection.

Repeat doses every 6 months may be required for ongoing protection.

Side Effects:

In general, Evusheld™ is well tolerated, however common and uncommon [side effects](#) include:

Common: may affect up to 1 in 10 people

- hypersensitivity reaction (rash or hives - an itchy red rash or raised bumps)
- injection site reaction (pain, redness, itching, swelling where the injection was given)

Uncommon: may affect up to 1 in 100 people

- injection related reaction (examples of these include headache, chills and redness, discomfort or soreness near where the injection was given)

All patients will be asked to give informed consent to receive the medication. Patients will be observed by the nurse or doctor for a short period after the injection.