**Supplementary Table 1:** **SBAR effective 2/23/2022: Evusheld™ (tixagevimab and cilgavimab) for pre-exposure prophylaxis of COVID-19 in certain high-risk patients over 12 years of age who weigh at least 40 kg**

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| Situation  | SARS-CoV-2 vaccines remain the most effective way of preventing COVID-19. However, the effectiveness of these vaccines remains diminished in those who are immunosuppressed.  |
| Background  | Immunocompromise may prevent an optimal immune response to vaccination against SARS-CoV-2 leading to persistent susceptibility to severe illness. In addition, some patients are unable to be vaccinated. The newly available monoclonal antibodies tixagevimab and cilgavimab (co-packaged as Evusheld™) bind to non-overlapping regions of the spike protein receptor binding domain and have a long half-life of about 3 months. These antibodies retain activity against the omicron variant. Evusheld™, when used as pre-exposure prophylaxis led to a 77% relative risk reduction in symptomatic COVID-19 with protection from the virus continuing for at least six months. It has been granted FDA EUA for patients ≥ 12 years of age who have contraindications to COVID-19 vaccination OR who may not mount an immune response to vaccinations. Pre-exposure prophylaxis with Evusheld™ **is not a substitute for vaccination in individuals for whom COVID-19 vaccination is recommended.** Individuals for whom COVID-19 vaccination is recommended, including individuals with moderate to severe immune compromise, should receive COVID-19 vaccination. **Evusheld™ is not authorized for post-exposure prophylaxis or treatment of COVID-19.**  |
| Assessment  | St Jude patients over 12 years of age (and ≥ 40 kg weight) who are severely immunosuppressed or those with severe anaphylactic reaction to PEG are eligible and would benefit from this product.  |
| Recommendation  | The EUA specifies use of Evusheld™ as pre-exposure prophylaxis in those aged ≥12 years who weigh ≥40 kg who have moderate or severe immunocompromise resulting from qualifying conditions or receipt of immunosuppressive treatments. In addition, use is allowed in those with allergic reactions to COVID-19 vaccines. The following groups of patients should be considered for Evusheld™ administration: * De novo AML patients on therapy
* De novo ALL patients receiving induction therapy.
* Relapsed/refractory AML or ALL patients on therapy
* Recipients of allogeneic HCT or CAR T-cell therapy within first 100 days
* Bone marrow failure patients with B cell aplasia or on immunosuppressive therapy
* Documented severe PEG allergy.

Other cases are considered on a case-by-case basis. Patients who are eligible for and receive Evusheld™ should also get COVID vaccine if indicated per St Jude guidelines. Tixagevimab and cilgavimab are administered as **two intramuscular 1.5 mL** injections. Additional doses may be given at 6-month intervals (although supporting data are not yet available). Members of the Antimicrobial Utilization and Improvement Committee have begun a targeted search for potentially eligible St. Jude patients and will contact attending physicians of identified patients. If you think your patient would be a candidate for Evusheld™ or have questions about this SBAR, please contact pharmaceutical services. Additional information can be found here: 1. Evusheld FDA Emergency Use Authorization
2. Evusheld Fact Sheet for Healthcare providers
3. Evusheld Fact Sheet for patients, parents and caregivers
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