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COVID-19 UPDATES

Dosing Interval for Tixagevimab/ Cilgavimab (Evusheld)

The FDA has amended its Emergency Use Authorization (EUA) for the investigational long-acting monoclonal antibodies tixagevimab and cilgavimab (Evusheld – AstraZeneca) to recommend repeat dosing every 6 months in patients who require ongoing protection against COVID-19.¹ Evusheld is authorized for IM pre-exposure prophylaxis of COVID-19 in persons ≥12 years old who weigh ≥40 kg and have either a history of a severe adverse reaction that prevents their vaccination against COVID-19 or moderate or severe immune compromise.²

The revision was based on pharmacologic modeling data, which suggest that tixagevimab and cilgavimab retain activity against currently circulating variants of SARS-CoV-2 (including the Omicron variants BA.2, BA.2.12.1, BA.4, and BA.5) for 6 months after administration of a 300-mg dose of each antibody.²

The recommended dosage of *Evusheld* is 300 mg of tixagevimab and 300 mg of cilgavimab given as two consecutive IM injections once every 6 months. Patients should be monitored for at least 1 hour after administration. *Evusheld* should not be used for treatment or post-exposure prophylaxis of COVID-19, or within 2 weeks after administration of a COVID-19 vaccine.²

- 1. FDA. FDA authorizes revisions to Evusheld dosing. June 29, 2022. Available at: https://bit.ly/3K5AcNc. Accessed July 11, 2022.
- 2. FDA. Fact sheet for health care providers: Emergency Use Authorization for Evusheld (tixagevimab co-packaged with cilgavimab). June 2022. Available at: https://bit.ly/3IWpQjg. Accessed July 11, 2022.

Prescription of Paxlovid by Pharmacists

The FDA has amended its Emergency Use Authorization (EUA) for *Paxlovid* (Pfizer), the investigational oral antiviral drug nirmatrelvir copackaged with oral ritonavir, to allow for it to be prescribed by licensed pharmacists in certain situations.¹ *Paxlovid* is authorized for oral treatment of mild to moderate COVID-19 in high-risk outpatients ≥12 years old who weigh at least 40 kg.²,³ NIH guidelines list it as the treatment of choice for COVID-19 in high-risk adult outpatients.⁴

The amendment to the EUA allows pharmacists to provide *Paxlovid* to eligible patients for whom they can review measurements of renal and hepatic function (obtained within the last 12 months) and a list of prescription and nonprescription medications currently being taken.

Paxlovid is not recommended for use in patients with severe renal impairment (eGFR <30 mL/min) or severe hepatic impairment (Child-Pugh C); dosage adjustments are recommended in patients with moderate renal impairment (eGFR ≥30 to <60 mL/min).³ The drug is contraindicated for use with strong CYP3A4 inducers,⁵ or with drugs that are highly dependent on CYP3A for clearance and are associated with serious or life-threatening events at elevated serum concentrations (e.g., amiodarone, midazolam). According to the revised EUA, if other medications in the patient's regimen must be modified because of a potential interaction, the patient should be referred to their healthcare provider. ■

 FDA News Release. Coronavirus (COVID-19) update: FDA authorizes pharmacists to prescribe Paxlovid with certain limitations. July 6, 2022. Available at: https://bit.ly/3RelGau. Accessed July 11, 2022.

- 2. FDA. Fact sheet for health care providers: Emergency Use Authorization for Paxlovid. July 6, 2022. Available at: https://bit.ly/3sTNGqh. Accessed July 11, 2022.
- 3. Paxlovid for treatment of COVID-19. Med Lett Drugs Ther 2022: 64:9
- 4. NIH. COVID-19 treatment guidelines. Therapeutic management of nonhospitalized adults with COVID-19. April 8, 2022. Available at: https://bit.ly/3w5TdLB. Accessed July 11, 2022.
- 5. Inhibitors and inducers of CYP enzymes, P-glycoprotein, and other transporters. Med Lett Drugs Ther 2021 October 20 (epub). Available at: medicalletter.org/downloads/CYP_PGP_ Tables.pdf.

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