

## Ontario Health Recommendation on the Use of Evusheld

*Last updated: December 12, 2022*

The recommendations in this document were developed based on best available evidence and with input from Ontario Health's Evusheld Clinical Working Group.\* There are limitations to the evidence that is currently available. Information about Evusheld, including its effectiveness against different variants of COVID-19, is evolving rapidly. Prescribers must determine whether adopting suggested information is clinically appropriate for individual patients through a risk-benefit assessment.

### Pre-exposure prophylaxis

**Ontario Health does not recommend routine use of Evusheld for pre-exposure prophylaxis for any patient group, including immunocompromised patients,** due to the prevalence of variants that are resistant to Evusheld (including BA.4.6, BF.7, BQ.1, and BQ.1.1),<sup>1,2</sup> which are expected to comprise >55% of circulating variants in Ontario by December 7, 2022.<sup>3</sup> The prevalence of variants that are resistant to Evusheld is expected to continue to rise given weekly relative growth rates.<sup>3</sup>

Evusheld will remain available to be dispensed through pharmacies for use as pre-exposure prophylaxis in exceptional circumstances where the health care provider and patient have determined that the potential benefit outweighs the risks (e.g., with consideration to regional prevalence of resistant subvariants and individual patient risk factors).

Any health care provider administering Evusheld due to exceptional circumstances (as outlined above) should refer to the product monograph<sup>5</sup> for details on Evusheld, including information on dosing (600 mg of Evusheld, administered as two separate 3.0 mL, sequential, injections of 300 mg of tixagevimab and 300 mg of cilgavimab) and repeat dosing (every 6 months).

### Communications with patients who have received Evusheld

Health care providers should communicate with patients who have received Evusheld to:<sup>4</sup>

- Inform patients about the potential for a lack of effectiveness against certain circulating variants and that if they have received Evusheld in the past, they cannot rely on it for protection.

\*Membership and conflict of interest declarations are listed in Appendix A of [this document](#).

- Advise patients of the importance of immunization as the best method to remain protected against COVID-19.
- Advise patients to continue to limit potential exposure to COVID-19 through public health measures such as masking and limiting contacts.
- Advise patients to immediately seek medical advice if signs or symptoms of COVID-19 occur.

Ontario Health's [Evusheld patient handout](#) has been revised to support communications with patients as outlined above.

## **Treatment**

**Ontario Health does not recommend use of Evusheld for treatment of COVID-19** due to the risk of treatment failure against currently circulating variants in Ontario<sup>1,2,3</sup> and the availability of more effective treatments (e.g., Paxlovid).

## References

- 1) Cao Y, Jian F, Wang J, et al. Imprinted SARS-CoV-2 humoral immunity induces convergent Omicron RBD evolution. Preprint (**not peer reviewed**). 2022 Oct 30.  
<https://www.biorxiv.org/content/10.1101/2022.09.15.507787v4>
- 2) National Institute of Health. The COVID-19 Treatment Guidelines Panel's Statement on Omicron Subvariants, Pre-Exposure Prophylaxis, and Therapeutic Management of Nonhospitalized Patients With COVID-19. 2022 Nov 10.  
<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-omicron-subvariants/>
- 3) Public Health Ontario. SARS-CoV-2 Genomic Surveillance in Ontario, December 2, 2022. 2022 Dec 6.  
[https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf?rev=cb341f9e9ae54da4a2189a6f721c93ea&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf?rev=cb341f9e9ae54da4a2189a6f721c93ea&sc_lang=en)
- 4) Health Canada. Health professional risk communication - EVUSHELD (tixagevimab and cilgavimab for injection) - Risk of Prophylaxis or Treatment Failure due to Antiviral Resistance. 2022 Oct 26.  
<https://recalls-rappels.canada.ca/en/alert-recall/evusheld-tixagevimab-and-cilgavimab-injection-risk-prophylaxis-or-treatment-failure>
- 5) AstraZeneca. Product monograph: Evusheld. Revised 2022 Nov 9. <https://covid-vaccine.canada.ca/info/pdf/evusheld-pm-en.pdf>