

The Medical Letter[®]

on Drugs and Therapeutics

Volume 64

July 11, 2022

ISSUE No.

1654

IN THIS ISSUE

COVID-19 Update.....p 112

Important Copyright Message

FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying or any distribution of this material is prohibited.

Sharing a password with a non-subscriber or otherwise making the contents of this site available to third parties is strictly prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: [Subscriptions](#), [Site Licenses](#), [Reprints](#)
or call customer service at: 800-211-2769

The Medical Letter®

on Drugs and Therapeutics

Volume 64 (Issue 1654)

July 11, 2022

[Take CME Exams](#)

COVID-19 UPDATE

Hypersensitivity Reactions with Tixagevimab/Cilgavimab (*Evusheld*)

The labeling for the investigational, long-acting, prophylactic anti-SARS-CoV-2 monoclonal antibodies tixagevimab and cilgavimab (*Evusheld*; available under an FDA Emergency Use Authorization) now includes warnings about a risk of serious hypersensitivity reactions, including anaphylaxis, with use of the drugs, particularly in patients who have experienced a hypersensitivity reaction to a COVID-19 vaccine.^{1,2}

Evusheld contains polysorbate 80, an emulsifying agent similar in structure to polyethylene glycol (PEG). Both polysorbate and PEG can cause hypersensitivity reactions, and all of the COVID-19 vaccines currently available in the US (Pfizer/BioNTech, Moderna, Johnson & Johnson/Janssen) contain either polysorbate or PEG. Patients who have experienced a hypersensitivity reaction to a COVID-19 vaccine may be more likely to experience another after receiving *Evusheld*.¹

According to the new labeling, tixagevimab/cilgavimab should be administered in a setting that is equipped to manage severe hypersensitivity reactions. Patients should be monitored for at least 1 hour after the antibodies are injected. Clinicians should consider consulting with an allergist-immunologist before administering *Evusheld* to a patient who has had a severe hypersensitivity reaction to a COVID-19 vaccine.¹ ■

1. FDA. Fact sheet for health care providers: Emergency Use Authorization for Evusheld (tixagevimab co-packaged with cilgavimab). May 2022. Available at: <https://bit.ly/3IWpQJg>. Accessed June 23, 2022.
2. Tixagevimab and cilgavimab (*Evusheld*) for pre-exposure prophylaxis of COVID-19. *Med Lett Drugs Ther* 2022; 64:1.

PRESIDENT: Mark Abramowicz, M.D.; **VICE PRESIDENT, EDITOR IN CHIEF:** Jean-Marie Pflomm, Pharm.D.; **ASSOCIATE EDITORS:** Susan M. Daron, Pharm.D., Amy Faucard, MLS, Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D. **CONSULTING EDITORS:** Joanna Esterow, PA-C, Mordechai Sacks, DMSc, PA-C, Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

CONTRIBUTING EDITORS: Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Ericka L. Crouse, Pharm.D., B.C.P.P., C.G.P., F.A.S.H.P., F.A.S.C.P., Virginia Commonwealth University; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Albert Einstein College of Medicine; David N. Juurlink, BPhm, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School; Neal H. Steigbigel, M.D., New York University School of Medicine; Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

MANAGING EDITOR AND DIRECTOR OF CONTENT OPERATIONS: Susie Wong; **EDITORIAL ASSISTANT:** Karrie Ferrara

FULFILLMENT AND SYSTEMS MANAGER: Cristine Romatowski; **EXECUTIVE DIRECTOR OF SALES:** Elaine Reaney-Tomaselli
EXECUTIVE DIRECTOR OF MARKETING AND COMMUNICATIONS: Joanne F. Valentino; **INTERIM PUBLISHER:** Jean-Marie Pflomm, Pharm.D.

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. does not sell advertising or receive any commercial support. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error, inaccuracy, or omission.

Subscription Services

Address:

The Medical Letter, Inc.
145 Huguenot St. Ste. 312
New Rochelle, NY 10801-7537
www.medicalletter.org

Customer Service:

Call: 800-211-2769 or 914-235-0500
Fax: 914-632-1733
E-mail: custserv@medicalletter.org

Permissions:

To reproduce any portion of this issue,
please e-mail your request to:
permissions@medicalletter.org

Subscriptions (US):

1 year - \$159; 2 years - \$298;
3 years - \$398. \$65 per year
for students, interns, residents,
and fellows in the US and Canada.
Reprints - \$45 per issue or article

Site License Inquiries:

E-mail: SubQuote@medicalletter.org
Call: 800-211-2769
Special rates available for bulk
subscriptions.

Get Connected:    

Copyright 2022. ISSN 0025-2859

