BACKGROUND AND IMPORTANCE
• In the context of pre-exposure prophylaxis of COVID-19 in adults and adolescents aged 12 years and older (> 40 kg), tixagevimab-cilgavimab is currently included in clinical guidelines.
• The recommended dose is administered as two separate sequential intramuscular injections (150 mg of tixagevimab and 150 mg of cilgavimab), preferably in the gluteal muscles.
• Due to their recent authorization, effectiveness and security of this treatment is not well known.

AIM AND OBJECTIVES
• Analyse the effectiveness and security of tixagevimab-cilgavimab in patients with COVID-19 risk after complete vaccination regimen.

MATERIAL AND METHODS
• Retrospective observational study.
• Electronic medical record and prescription app:
  o Sex
  o Age
  o Comorbidities
  o Anticoagulation
  o Anti-S antibodies
  o COVID-19 infections after administration.

RESULTS
N = 41; 52.5% women; Median age 64.5 yr (SD 13.5)
3 patients were COVID-19 positive (7.5%) prior to day 90 after administration without severe or critical symptomatic illness.
5 patients were on anticoagulation therapy → No bleeding events were recorded.

Patient comorbidities
- Anti-CD20 active treatment
- Renal transplantation
- Pulmonary transplantation
- Chronic kidney disease
- Immunosuppression
- Cytotoxic chemotherapy
- Hematopoietic Stem Cell transplant

79%
10%
4%
1%
1%
4%

After the last vaccination, 97.5% of the patients had low antibodies (< 260 BAU/mL) → Inadequate response to active immunisation.

CONCLUSION AND RELEVANCE
• Effectiveness and security of the pre-exposure prophylaxis with tixagevimab-cilgavimab was adequate in most of the patients treated, similar to the PROVENT clinical trial data.
• Even so, pre-exposure prophylaxis is not a substitute for vaccination.
• Nevertheless, further studies were necessary to establish the effective and security profile.

REFERENCES AND/OR ACKNOWLEDGMENTS. None.