Covid-19: UK will not buy Evusheld owing to “insufficient data” on protection, government says

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The UK government has said that it will not procure the covid-19 drug Evusheld—a combination of two long acting antibodies, tixagevimab and cilgavimab—because of “insufficient data” on the duration of protection it provides against omicron and its subvariants.

The government said that the decision was based on independent clinical advice from Rapid C-19—a multi-agency initiative including NHS England, the Medicines and Healthcare Products Regulatory Agency, the National Institute for Health Research, and the National Institute for Health and Care Excellence (NICE), as well as other health bodies from Scotland, Wales, and Northern Ireland.1

Government officials are now set to meet with AstraZeneca again to determine whether any new real world data have emerged from other countries that the expert panel should consider. Additionally, Evusheld will be submitted for a full NICE appraisal, a process that can take around 20 months.

In the announcement a government spokesperson said, “Following a robust review of the available data, our clinical experts advise there is currently insufficient data on the duration of protection offered by Evusheld in relation to the omicron variant, and the government will not be procuring any doses at this time.”

The Medicines and Healthcare Products Regulatory Agency approved Evusheld in March for the prevention of covid-19 in people who were unlikely to mount an immune response from vaccination or for whom vaccination was not recommended.2 However, the drug has not been rolled out despite being available in a number of other countries including Canada, France, Israel, and the US.

Commenting on the decision, Helen Rowntree, Blood Cancer UK’s director of research, services, and engagement, said, “We’re urging the government to meet with us and outline their rationale for this decision. For months now Evusheld has been used in countries including the US and Israel, and there is a significant body of evidence showing that this drug can reduce the chance of dying from covid in those who are most vulnerable . . .

“Time and time again during the pandemic our community have felt forgotten, and this decision is yet another example of this.”

In May researchers from the University of Oxford published a preprint reporting that the omicron lineage, particularly the BA.4 and BA.5 subvariants, had "escaped or reduced the activity of monoclonal antibodies developed for clinical use" but that Evusheld and Sotrovimab “still show activity against BA.4/5.”3

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