Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

23 August 2022

Dear Secretary of State,

I am writing to you in light of the Government's recent decision to not procure Evusheld until the NICE appraisal has completed in 2023.

This announcement was a crushing disappointment to many in our community, who are feeling forgotten and left behind. This is exacerbated by the fact that the rationale behind this decision is unclear. Given that there is a wealth of evidence that Evusheld is effective (an extract of which is included here in an appendix) and 32 other countries have already made the drug available, we cannot understand why immunocompromised people in the UK will not be given this much-needed protection.

The latest real-world data, published 29 July and collected in Israel during the BA.1 and BA.2 waves, shows that immunocompromised people who took Evusheld were half as likely to become infected with Covid, and 92% less likely to be hospitalised and/or die.

I urge you to reconsider and give the immunocompromised community the opportunity to lead normal lives again. These concerns are held widely and we are pleased to send this letter jointly with organisations who represent many of the approximately 500,000 immunosuppressed people in the UK, which includes organ transplant recipients and people living with long-term medical conditions. These groups remain at very high risk from Covid - transplant recipients have a relative risk of death 26 times that of the general population, despite vaccination.

We know that other Covid-19 treatments have been procured and made available on the NHS via the RAPID C-19 route before being fully appraised. The Government must be transparent about why the same is not the case for Evusheld. I would be grateful if you could share with us the following as a matter of urgency:


- The clinical bodies consulted in advance of this decision
- The analysis of the clinical evidence used to make this decision
- The benchmark of evidence your Department needed to be persuaded to procure.

Yours sincerely,

Gemma Peters
*Chief Executive, Blood Cancer UK*

Dr Susan Walsh
*Chief Executive, Immunodeficiency UK*

Clare Jacklin
*Chief Executive, National Rheumatoid Arthritis Society (NRAS)*

Paul Howard
*Chief Executive, LUPUS UK*

Zack Pemberton-Whiteley
*Chief Executive, Leukaemia Care*

Nick Moberly
*Chief Executive, MS Society*

Sue Brown
*Chief Executive, Arthritis and Musculoskeletal Alliance*

Paul Bristow
*Chief Executive, Kidney Care UK*

Joel Rose
*Chief Executive, Cardiomyopathy UK*

Andrea Brown
*Chief Executive, National Kidney Federation*


Kate Rogers
*Chief Executive, The Follicular Lymphoma Foundation*

Dorothy Ireland
*Chairman, Vasculitis UK*

Marc Auckland
*Chair, Chronic Lymphocytic Leukaemia Support*

Dr Sophie Castell
*Chief Executive, Myeloma UK*

Henny Braund MBE
*Chief Executive, Anthony Nolan*

Margaret Fuller
*Chair, UK Primary Immune-deficiency Patient Support (UKPIPS)*

Louise Wright
*Chief Executive, Action for Pulmonary Fibrosis*

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**APPENDIX**
*Please note, the studies marked * are real-world evaluations of Evusheld, with control arms. These have been conducted in the United States, France, and Israel during the Omicron waves.*

*Al Jurdi, A., et al. (2022) 'Tixagevimab/cilgavimab pre-exposure prophylaxis is associated with lower breakthrough infection risk in vaccinated solid organ transplant recipients during the Omicron wave' American Journal of Transplantation 00, pp.1-7.


*Bertrand, D., et al. (2022) 'Efficacy of anti-SARS-CoV-2 monoclonal antibody prophylaxis and vaccination on the Omicron variant of COVID-19 in kidney transplant recipients' Kidney Int. 102(2), pp.440-442.

Bruel, T., et al. (2022) 'Serum neutralization of SARS-CoV-2 Omicron sublineages BA.1 and BA.2 in patients receiving monoclonal antibodies' Nature Medicine 28(6), pp.1297-1302.

*Kaminski, H., et al. (2022) 'COVID-19 morbidity decreases with tixagevimab-cilgavimab preexposure prophylaxis in kidney transplant recipient nonresponders/low-vaccine responders' Kidney Int. in press.

*Kertes, J., et al. (2022) 'Association between AZD7442 (tixagevimab-cilgavimab) administration of SARS-CoV-2 infection, hospitalization and mortality' Clinical Infectious Diseases. in press.

Levin, M, J., et al. (2022) 'Intramuscular AZD7442 (Tixagevimab-Cilgavimab) for Prevention of Covid-19' The New England Journal of Medicine 386, pp.2188-2200.

Nguyen, Y., et al. (2022) 'Pre-exposure prophylaxis with tixagevimab and cilgavimab (Evusheld) for COVID-19 among 1112 severely immunocompromised patients' Clinical Microbiology and Infection. in press.

*Young-Xu, Y., et al. (forthcoming) 'Tixagevimab/Cilgavimab for Prevention of COVID-19 during the Omicron Surge: Retrospective Analysis of National VA Electronic Data' medRxiv.