Kidney Research UK submission of 5 January 2023

PE1950/F: Ensure immunosuppressed people in Scotland can access the Evusheld antibody treatment

Kidney Research UK recognises that the Medicines and Healthcare products Regulatory Agency (MHRA) and the Scottish Medicines Consortium (SMC) are internationally respected bodies in assessing the safety and effectiveness of new medicines. However, we are deeply concerned that a return to 'business as normal' for assessing new treatments for COVID-19 is deeply unsuitable, both for patients and the health system.

COVID-19 is a rapidly evolving virus, and we recognise the significant challenge this creates for regulators and reimbursement bodies. The UK adapted to these challenges in 2020 by enabling rapid access to vaccines and treatments for Covid-19 without the need for traditional health technology assessment. We must learn from this and continue to adapt to deliver for the most vulnerable in our society.

We need a system which accepts the inevitability of additional uncertainty given ever-changing Covid-19 variants and mutations. This must also offer additional flexibility to ensure there are multiple treatment options available to patients on the NHS, including prophylactic (preventative) treatment for people who have zero or weak response to the COVID-19 vaccines.

The risk of COVID-19 to those who are immunocompromised must be a priority for policymakers, particularly as widespread evidence suggests that vaccination is less effective in transplant recipients. The importance of the vaccination and booster programme is undoubted, but we must not forget those for whom it is sadly less effective.

Prophylaxis treatments, such as Evusheld, have offered significant hope that those who have been shielding for two and a half years may have a route to exit shielding. However, opportunities to accelerate the procurement of this treatment, as taken up by 32 other countries, were not taken. Decision-makers must commit to rapidly reviewing and providing access to new prophylaxis treatments that are shown to be effective against new variants and mutations of COVID. Committing

rigidly to traditional health technology assessment routes restricts the opportunity to utilise effective treatments during peak virus periods, with a prolonged period of assessment unable to keep up with rapidly evolving viruses.