

Evusheld for COVID-19: Lifesaving and Free, but Still Few Takers

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Editor's note: Find the latest COVID-19 news and guidance in Medscape's [Coronavirus Resource Center](#).

Evusheld (AstraZeneca), a medication used to prevent SARS-CoV-2 infection in patients at high risk, has problems, namely, supplies of the potentially lifesaving drug outweigh demand.

At least 7 million people [who are immunocompromised](#) could benefit from it, as could many others who are undergoing cancer treatment, have received a transplant, or who are allergic to the COVID-19 vaccines. The medication has laboratory-produced antibodies against SARS-CoV-2 and helps the body protect itself. It can slash the chances of becoming infected by 77%, according to the US Food and Drug Administration (FDA).

And it's [free to eligible patients](#) (although there may be an out-of-pocket administrative fee in some cases).

Despite all those lifesaving benefits, fewer than 25% of available doses have been used.

To meet demand, the Biden administration secured 1.7 million doses of the medicine, which was [granted emergency use authorization](#) by the FDA in December 2021. As of July 25, however, 793,348 doses have been ordered by the administration sites, and only [398,181](#) doses have been reported as used, a spokesperson for the Department of Health and Human Services (HHS) tells *Medscape Medical News*.

Each week, a certain amount of doses from the 1.7 million dose stockpile is made available to state and territorial health departments. States have not been asking for their full allotment, the spokesperson said on Thursday.

Now, HHS and AstraZeneca have taken a number of steps to increase awareness of the medication and access to it.

- On Wednesday, HHS announced that individual providers and smaller sites of care that don't currently receive Evusheld through the federal distribution process via the HHS Health Partner Order Portal can now order up to three patient courses of the medicine. These can be [ordered online](#).
- Healthcare providers can use the HHS's COVID-19 [Therapeutics Locator](#) to find Evusheld in their area.
- AstraZeneca has launched a new [website](#) with educational materials and says it is working closely with patient and professional groups to inform patients and healthcare providers.
- A direct-to-consumer [ad](#) launched on June 22 and will run in the US online and on TV (Yahoo, Fox, CBS Sports, MSN, ESPN) and will be amplified on social and digital channels through year's end, an AstraZeneca spokesperson told *Medscape Medical News*.
- AstraZeneca set up a toll-free number for providers: 1-833-EVUSHLD.

Evusheld includes two monoclonal antibodies, tixagevimab and cilgavimab. The medication is given as two consecutive intramuscular injections during a single visit to a doctor's office, infusion center, or other healthcare facility. The antibodies bind to the SARS-CoV-2 spike protein and prevent the virus from getting into human cells and infecting them. It's authorized for use in children and adults aged 12 years and older who weigh at least 88 pounds.

Studies have found that the medication decreases the risk of getting COVID-19 for up to 6 months after it is given. The FDA recommends repeat dosing every 6 months with the doses of 300 mg of each monoclonal antibody. In [clinical trials](#), Evusheld [reduced the incidence](#) of COVID-19 symptomatic illness by 77% in comparison with placebo.

Physicians monitor patients for an hour after administering Evusheld for allergic reactions. Other possible side effects include cardiac events, but they are not common.

Doctors and Patients Weigh In

Physicians — and patients — from the US to the UK and beyond [are questioning why](#) the medication is underused while lauding the recent efforts to expand access and increase awareness.

The US federal government may have underestimated the amount of communication needed to increase awareness of the medication and its applications, said infectious disease specialist William Schaffner, MD, professor of preventive medicine at Vanderbilt University School of Medicine, Nashville.

"HHS hasn't made a major educational effort to promote it," he told *Medscape Medical News*.

Many physicians who need to know about it, such as transplant doctors and rheumatologists, are outside the typical public health communications loop, he said.

Eric Topol, MD, director of the Scripps Research Transational Institute and editor-in-chief of Medscape, has [taken to social media](#) to bemoan the lack of awareness.

<https://twitter.com/EricTopol/status/1551959829370941440>

Another infectious disease expert agrees. "In my experience, the awareness of Evusheld is low amongst many patients as well as many providers," said Amesh Adalja, MD, a senior scholar at the Johns Hopkins Center for Health Security in Baltimore.

"Initially, there were scarce supplies of the drug, and certain hospital systems tiered eligibility based on degrees of [immunosuppression](#) and only the most immunosuppressed were proactively approached for treatment.

"Also, many community hospitals never initially ordered Evusheld — they may have been crowded out by academic centers who treat many more immunosuppressed patients and may not currently see it as a priority," Adalja told *Medscape Medical News*. "As such, many immunosuppressed patients would have to seek treatment at academic medical centers where the drug is more likely to be available."

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