

The Medical Letter[®]

on Drugs and Therapeutics

Volume 64

Published online November 28, 2022

Online
Article

IN THIS ISSUE

Resistance to Bebtelovimab

Important Copyright Message

FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying, or any distribution of this material without permission to a nonsubscriber is prohibited.

Sharing a password with a nonsubscriber or otherwise making the contents of this site available to third parties is prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: [Subscriptions](#), [Site Licenses](#), [Reprints](#)
or call customer service at: 800-211-2769

The Medical Letter®

on Drugs and Therapeutics

Volume 64

Published online November 28, 2022

Online
Article

IN THIS ISSUE

Resistance to Bebtelovimab

COVID-19 Update

Resistance to Bebtelovimab

Revised 12/16/22: The EUA for bebtelovimab has been withdrawn.
Click here for more information.

The FDA has warned that the investigational anti-SARS-CoV-2 monoclonal antibody bebtelovimab is not expected to retain activity against the Omicron variants BQ.1 and BQ.1.1.¹ Bebtelovimab (LY-CoV1404 – Lilly) is available under an FDA Emergency Use Authorization (EUA) for IV treatment of mild to moderate COVID-19 in high-risk patients ≥12 years old who weigh ≥40 kg for whom alternative treatment options are unavailable or inappropriate.^{2,3} The drug remains authorized for use in all regions of the US.¹

The relative prevalence of SARS-CoV-2 variants BQ.1 and BQ.1.1 has increased in recent weeks. In the week ending November 12, 2022, they were estimated to have caused ~44% of COVID-19 cases in the US, up from ~9% of cases 4 weeks earlier.⁴

The NIH recommends that high-risk nonhospitalized adults with COVID-19 be treated with either oral ritonavir-boosted nirmatrelvir (*Paxlovid*) or IV remdesivir (*Veklury*); ritonavir-boosted nirmatrelvir is preferred.⁵ Both of these therapies decreased the risk of hospitalization or death significantly more than placebo in large, randomized, double-blind trials.^{6,7}

If these drugs are inappropriate or unavailable, use of molnupiravir (*Lagevrio*; available under an EUA) or bebtelovimab (only if the majority of circulating SARS-CoV-2 strains in the region are susceptible to bebtelovimab) is recommended.^{5,8} Ritonavir-boosted nirmatrelvir, remdesivir, and molnupiravir are expected to retain activity against SARS-CoV-2 variants BQ.1 and BQ.1.1.¹ ■

1. FDA. FDA updates on bebtelovimab. November 4, 2022. Available at: <https://bit.ly/3FZq2za>. Accessed November 15, 2022.
2. An EUA for bebtelovimab for treatment of COVID-19. *Med Lett Drugs Ther* 2022; 64:41.
3. FDA. Fact sheet for health care providers: Emergency Use Authorization for bebtelovimab. November 12, 2022. Available at: <https://bit.ly/3H06goe>. Accessed November 15, 2022.
4. CDC. COVID data tracker. Variant proportions. November 11, 2022. Available at: <https://bit.ly/3Ka3HhH>. Accessed November 15, 2022.
5. NIH. COVID-19 treatment guidelines. Therapeutic management of nonhospitalized adults with COVID-19. September 26, 2022. Available at: <https://bit.ly/3w5TdLB>. Accessed November 15, 2022.
6. J Hammond et al. Oral nirmatrelvir for high-risk, non-hospitalized adults with Covid-19. *N Engl J Med* 2022; 386:1397.
7. RL Gottlieb et al. Early remdesivir to prevent progression to severe Covid-19 in outpatients. *N Engl J Med* 2022; 386:305.
8. NIH. COVID-19 treatment guidelines. The COVID-19 Treatment Guidelines Panel's statement on Omicron subvariants, pre-exposure prophylaxis, and therapeutic management of nonhospitalized patients with COVID-19. November 10, 2022. Available at: <http://bit.ly/3hGyZTT>. Accessed November 15, 2022.

PRESIDENT: Mark Abramowicz, M.D.; **VICE PRESIDENT, EDITOR IN CHIEF:** Jean-Marie Pflomm, Pharm.D.; **ASSOCIATE EDITORS:** Susan M. Daron, Pharm.D., Amy Faucard, MLS, Michael P. Viscusi, Pharm.D. **CONSULTING EDITORS:** Joanna Esterow, PA-C, Mordechai Sacks, DMSc, PA-C, Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

CONTRIBUTING EDITORS: Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Ericka L. Crouse, Pharm.D., B.C.P.P., C.G.P., F.A.S.H.P., F.A.S.C.P., Virginia Commonwealth University; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Albert Einstein College of Medicine; David N. Juurlink, BPhM, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School; Neal H. Steigbigel, M.D., New York University School of Medicine; Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

MANAGING EDITOR AND DIRECTOR OF CONTENT OPERATIONS: Susie Wong; **EDITORIAL ASSISTANT:** Karrie Ferrara

FULFILLMENT AND SYSTEMS MANAGER: Cristine Romatowski; **EXECUTIVE DIRECTOR OF SALES:** Elaine Reaney-Tomaselli

EXECUTIVE DIRECTOR OF MARKETING AND COMMUNICATIONS: Joanne F. Valentino; **INTERIM PUBLISHER:** Jean-Marie Pflomm, Pharm.D.

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. does not sell advertising or receive any commercial support. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The Medical Letter, Inc. does not warrant that all the material in this publication is accurate and complete in every respect. The Medical Letter, Inc. and its editors shall not be held responsible for any damage resulting from any error, inaccuracy, or omission.

Subscription Services

Address:

The Medical Letter, Inc.
145 Huguenot St. Ste. 312
New Rochelle, NY 10801-7537
www.medicalletter.org

Customer Service:

Call: 800-211-2769 or 914-235-0500
Fax: 914-632-1733
E-mail: custserv@medicalletter.org

Permissions:

To reproduce any portion of this issue,
please e-mail your request to:
permissions@medicalletter.org

Subscriptions (US):

1 year - \$159; 2 years - \$298;
3 years - \$398. \$65 per year
for students, interns, residents,
and fellows in the US and Canada.
Reprints - \$45 per issue or article

Site License Inquiries:

E-mail: SubQuote@medicalletter.org
Call: 800-211-2769
Special rates available for bulk
subscriptions.

Get Connected:    

Copyright 2022. ISSN 0025-732X

The
Medical
Letter