



bamlanivimab/etesevimab and REGN-COV (casirivimab/imdevimab) – Emergency use authorization revision

- On January 24, 2022, the [FDA revised](#) the emergency use authorizations (EUAs) for Eli Lilly's [bamlanivimab/etesevimab](#) and [Regeneron's REGN-COV \(casirivimab/imdevimab\)](#), limiting their use to only when the patient is likely to have been infected with or exposed to a variant that is susceptible to these treatments.
 - At this time, bamlanivimab/etesevimab and REGN-COV are not authorized for use in any U.S. states, territories, and jurisdictions.
 - In the future, if patients in certain geographic regions are likely to be infected or exposed to a variant that is susceptible to bamlanivimab/etesevimab or REGN-COV, then use of these treatments may be authorized in these regions.
- These treatments are highly unlikely to be active against the omicron variant. As of January 15, 2022, the [CDC estimates](#) that >99% of COVID-19 cases are due to the omicron variant.
- The [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines Panel recommended](#) against the use of bamlanivimab/etesevimab and REGN-COV because of markedly reduced activity against the omicron variant and real-time testing to identify rare, non-omicron variants is not routinely available.
- The NIH is currently recommending other therapies, [Paxlovid™ \(nirmatrelvir/ritonavir\)](#), [sotrovimab](#), [Veklury® \(remdesivir\)](#), and [molnupiravir](#), to treat patients with mild-to-moderate COVID-19 who are at high risk for progression to severe disease, including hospitalization or death.
- The federal government, which had paid for and is responsible for distributing these agents, has halted shipping of bamlanivimab/etesevimab and REGN-COV.



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