June 29, 2021

Lilly's statement on direct ordering of COVID-19 antibody therapies in the U.S.

Given the prevalence of the Gamma (first identified in Brazil) and Beta (first identified in South Africa) variants in the U.S., the Office of the Assistant Secretary for Preparedness and Response (ASPR) has halted shipment of bamlanivimab and etesevimab administered together. Bamlanivimab and etesevimab administered together do not retain neutralization effects against the Gamma or Beta variant.

The U.S. Food and Drug Administration (FDA) recommends that health care providers in the U.S. use alternative authorized monoclonal antibody therapies until further notice.

As we have seen over the last several months, prevalence of variants varies by state, region and even country and can change rapidly. Lilly continually monitors the global COVID-19 environment, assessing the neutralization of our antibody therapies against a wide array of existing and emerging mutations and variants as well as the available therapies. As variants continue to evolve and their patterns of transmission and prevalence shift, we will continue our work with governments and regulators worldwide to ensure our antibodies are available to appropriate patients.

Preclinical data from our labs demonstrate that bamlanivimab and etesevimab administered together retain neutralization activity against the variants currently in circulation in many countries, including Delta and Alpha. Bamlanivimab and etesevimab together has slightly reduced activity against the Epsilon, Iota and Kappa variants. The degree of neutralization of the virus does not necessarily equate to improved clinical outcomes. We advise HCPs to consider prevalence of variants and availability of alternative therapies when making treatment decisions.