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COVID-19 Update

Bebtelovimab EUA Withdrawn

The FDA has withdrawn its Emergency Use Authorization (EUA) of the investigational anti-SARS-CoV-2 monoclonal antibody bebtelovimab (LY-CoV1404 – Lilly) for treatment of COVID-19. Bebtelovimab is not expected to retain activity against the Omicron variants BQ.1, BQ.1.1, and XBB, which currently cause the majority of COVID-19 cases in all regions of the US.¹⁻³

The NIH currently recommends treating high-risk nonhospitalized adults with COVID-19 with either oral ritonavir-boosted nirmatrelvir (*Paxlovid*) or IV remdesivir (*Veklury*); *Paxlovid* is preferred.⁴ Both of these therapies decreased the risk of hospitalization or death significantly more than placebo in large, randomized, double-blind trials.^{5,6} If these drugs are inappropriate or unavailable, use of oral molnupiravir (*Lagevrio*; available under an EUA) is recommended.^{4,7}

Ritonavir-boosted nirmatrelvir, remdesivir, and molnupiravir are expected to retain activity against SARS-CoV-2 variants BQ.1, BQ.1.1, and XBB.¹ ■

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2. CDC. COVID data tracker. Variant proportions. January 4, 2023. Available at: <https://bit.ly/3Ka3HHH>. Accessed January 5, 2023.
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4. NIH. COVID-19 treatment guidelines. Therapeutic management of nonhospitalized adults with COVID-19. December 28, 2022. Available at: <https://bit.ly/3w5TdLB>. Accessed January 5, 2023.
5. J Hammond et al. Oral nirmatrelvir for high-risk, non-hospitalized adults with Covid-19. *N Engl J Med* 2022; 386:1397.
6. RL Gottlieb et al. Early remdesivir to prevent progression to severe Covid-19 in outpatients. *N Engl J Med* 2022; 386:305.
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