COVID-19 Update

Resistance to Bebtelovimab

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
