Emergency Use Authorization (EUA) for

bamlanivimab 700 mg and etesevimab 1,400 mg IV

Center for Drug Evaluation and Research (CDER) Memorandum

Identifying Information

Application Type (EUA or Pre-EUA) If EUA, designate whether pre-event or intra-event EUA request.	EUA
EUA Application Number(s)	94
Date of Action	December 14, 2023
Sponsor (entity requesting EUA or pre-EUA consideration), point of contact, address, phone number, fax number, email address	Eli Lilly and Company: Jennifer Riddle Camp Senior Director, GRA-NA Mobile: 317-209-6238 Email: riddle_jennifer_lynn@lilly.com
Manufacturer	Eli Lilly and Company
OND Division / Office	Division of Antivirals (DAV)/Office of Infectious Diseases (OID)
Proprietary Name	n/a
Established Name/Other names used during development	bamlanivimab (LY3819253, LY-CoV555) and etesevimab (LY3832479, LY-CoV016)
Dosage Forms/Strengths	bamlanivimab 700 mg and etesevimab 1400 mg IV
Therapeutic Class	SARS-CoV-2 spike protein directed human IgG1κ monoclonal antibody (mAb)
Intended Use or Need for EUA	Treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients, including neonates, with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. Post-exposure prophylaxis of COVID-19 in adults and pediatric individuals, including neonates, who are at high

	risk for progression to severe COVID-19, including hospitalization or death, and are: • not fully vaccinated **or** who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination (for example, individuals with immunocompromising conditions including those taking immunosuppressive medications) **and** o have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per Centers for Disease Control and Prevention (CDC) **or** o who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (for example, nursing homes, prisons).
Intended Population(s)	Adults and pediatric patients, including neonates

Brief Summary of Key Regulatory Actions for EUA 94

The EUA for bamlanivimab and etesevimab administered together was initially authorized on February 9, 2021. In the months following the initial authorization, there was an emergence and substantial increase in viral variants of SARS-CoV-2 that were resistant to bamlanivimab and etesevimab. Based on this information, on August 27, 2021, FDA revised the EUA to include a Limitation on Authorized Use that provided that "bamlanivimab and etesevimab are not authorized for use in states, territories, and U.S. jurisdictions in which the combined frequency of variants resistant to bamlanivimab and etesevimab exceeds 5%."

In December 2021, the SARS-CoV-2 Omicron (B.1.1.529) variant was identified and subsequently became the dominant circulating variant across the U.S. On December 22, 2021, the Fact Sheet for Health Care Providers for EUA 94 was revised in Section 15 to provide pseudotyped virus data from the Omicron variant that showed reduced susceptibility to bamlanivimab and etesevimab administered together, rendering the drugs, when used according to the terms and conditions of the authorization at the time, unlikely to have activity against the Omicron variant. On January 24, 2022, the Division of Antivirals and Office of Infectious Diseases revised the limitations on the authorized use of bamlanivimab and etesevimab administered together for treatment of COVID-19 or as post-exposure prophylaxis for prevention of COVID-19, respectively:

Treatment

> Bamlanivimab and etesevimab administered together are not authorized for treatment of mild to moderate COVID-19 in geographic regions where infection is likely to have been caused by a non-susceptible SARS-CoV-2 variant based on available information including variant susceptibility to these drugs and regional variant frequency.

Post-exposure prophylaxis

Bamlanivimab and etesevimab are not authorized for post-exposure prophylaxis of COVID-19 in geographic regions where exposure is likely to have been to a non-susceptible SARS-CoV-2 variant based on available information including variant susceptibility to these drugs and regional variant frequency.

Request for Revocation of Emergency Use Authorization 94

On October 23, 2023, Lilly requested that the U.S. Food and Drug Administration revoke the Emergency Use Authorization for bamlanivimab and etesevimab.

Lilly's request for revocation of EUA94 is based on the following:

1. Due to the evolution of COVID-19 disease and emerging variants, bamlanivimab and etesevimab are no longer authorized in any region, and;

2. The expiry date for all material has passed.

Lilly has included a draft Dear Healthcare Provider letter with their EUA revocation request. They propose to post the letter to www.bamlanivimabHCPinfo.com and www.etesevimabHCPinfo.com which are the global labeling websites included on the cartons, container labels, and the package inserts for each product. They plan to also post the letter on Lilly's commercial webpage www.covid19.lilly.com/bam-ete while removing all other content. These changes will be made within 1 business day of receiving the revocation from the FDA and the letter will remain active for a period of 6 months.

Regulatory Conclusion and Associated Actions:

The Division of Antivirals and Office of Infectious Diseases recommends the revocation of EUA 94 for bamlanivimab and etesevimab administered together based on the reasons stated above.

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

NATALIE M PICA
12/13/2023 04:48:28 PM

WENDY W CARTER
12/14/2023 09:52:53 AM

JOHN J FARLEY
12/14/2023 11:10:34 AM