**Bamlanivimab and etesevimab** are manmade monoclonal antibodies that mimic the body’s response to COVID-19 infection and help provide increasing symptom severity. Specifically, they are neutralizing IgG1 monoclonal antibodies that bind to distinct but overlapping epitopes within the receptor binding domain of the SARS-CoV-2 spike protein. Both products remain investigational and are manufactured by Eli Lilly.

**Is bamlanivimab and etesevimab approved to treat COVID disease?**
The FDA has issued an emergency use authorization (EUA) allowing for the use of bamlanivimab and etesevimab, administered together, to treat mild to moderate symptoms of COVID-19 disease.

**Is bamlanivimab and etesevimab approved to prevent COVID disease?**
On September 16, 2021, the FDA expanded the EUA to include post-exposure prophylaxis (PEP) for the prevention of COVID-19 in individuals who are not fully vaccinated against COVID-19 or individuals who are not expected to develop a sufficient immune response from COVID-19 vaccination.

**Who can be treated with bamlanivimab and etesevimab?**
Bamlanivimab and etesevimab can be used on adult and pediatric patients who are at risk for severe covid-19 (age 12 or older and weighting at least 40 kg).

**Can bamlanivimab and etesevimab be used?**
Yes. Although paused and restricted in certain areas due to risks of resistance it is now available for use in all states, territories and jurisdictions. See below detail on the conditions for pausing it's use.

**Is bamlanivimab and etesevimab effective against the Delta variant of COVID-19?**
While distribution of bamlanivimab and etesevimab was temporarily paused because of concerns that the product was ineffective against the Delta variant of COVID-19, further scientific research has found that the product is effective against the Delta variant – the dominate variant of the SARS-CoV-2 in the United States as of September 2021.

Bamlanivimab and etesevimab, administered together, are not authorized for use in states, territories, and U.S. jurisdictions in which the most recently published combined frequency of variants resistant to bamlanivimab and etesevimab exceeds 5%. Currently, there is no state, territory or jurisdiction over 5%.

This link can serve as a reference in case of updates:

- The variants of concern would be SARS-CoV-2 P.1/Gamma variant (first identified in Brazil) and the B.1.351/Beta variant (first identified in South Africa).

**How is bamlanivimab and etesevimab administered?**
Bamlanivimab and etesevimab are administered together through a vein (intravenously). Patients receive one dose over 20 to 60 minutes and must be monitored by a health care professional for one hour after administration.
Who can order and administer bamlanivimab and etesevimab treatment for patients?
Because bamlanivimab and etesevimab is administered intravenously, it must be ordered by a physician or equivalent. The administration of the product must be completed by an individual trained and licensed to provide infusions.

Can bamlanivimab be administered without etesevimab?
No. As of February 9, 2021, the FDA EUA required the co-administration of etesevimab with bamlanivimab.

How do I order bamlanivimab and etesevimab?
Beginning September 13, HHS transitioned the way monoclonal antibody products were ordered. The federal government, on a weekly basis, will make allocations to states, territories and jurisdictions. In turn, each jurisdiction will determine how product is distributed internally.

Is there an alternative to bamlanivimab and etesevimab?
Yes, there are other monoclonal antibody products available under EUA: casirivimab and imdevimab (AKA REGEN-COV) and sotrovimab (made by GSK).

Additional Information and Resources Related to Bamlanivimab and Etesevimab:
List of states and territories where bamlanivimab and etesevimab use is approved
Manufacturer fact sheet for health care providers
Manufacturer fact sheet for patients, parents and caregivers
ASPR page on monoclonal antibody therapeutics