BLAZE-1: Double-Blind, Phase 3 RCT of Bamlanivimab 700 mg Plus Etesevimab 1,400 mg in Nonhospitalized Patients With Mild to Moderate COVID-19

Key Inclusion Criteria:
- Aged ≥12 years
- At high risk for severe COVID-19 or hospitalization

Interventions:
- Within 3 days of a positive SARS-CoV-2 test result, single infusion of:
  - BAM 700 mg plus ETE 1,400 mg (n = 511)
  - Placebo (n = 258)

Primary Endpoint:
- COVID-19-related hospitalization (defined as ≥24 hours of acute care) or death from any cause by Day 29

Participant Characteristics:
- Median age 56 years; 30% ≥65 years; 53% women
- 87% White, 27% Hispanic/Latinx, 8% Black/African American
- Mean duration of symptoms was 4 days.
- 76% had mild COVID-19 and 24% had moderate COVID-19.

Primary Outcomes:
- COVID-19-related hospitalizations or all-cause deaths by Day 29: 4 (0.8%) in BAM plus ETE arm vs. 15 (5.8%) in placebo arm (Δ [95% CI] = -5.0 [-8.0, -2.1]; P <0.001).
- All-cause deaths by Day 29: 0 in BAM plus ETE arm vs. 4 (1.6%) in placebo arm.

Interpretation:
- Compared to placebo, BAM plus ETE was associated with 5% absolute reduction and 87% relative reduction in COVID-19-related hospitalizations or all-cause deaths.

BLAZE-1: Double-Blind, Phase 3 RCT of Bamlanivimab 2,800 mg Plus Etesevimab 2,800 mg in Nonhospitalized Patients With Mild to Moderate COVID-19

Key Inclusion Criteria:
- Aged ≥12 years
- At high risk for severe COVID-19 or hospitalization

Key Exclusion Criteria:
- SpO₂ ≤93% on room air; or
- Respiratory rate ≥30 breaths/min; or
- Heart rate ≥125 bpm

Interventions:
- Within 3 days of testing SARS-CoV-2 positive, single infusion of:
  - BAM 2,800 mg plus ETE 2,800 mg (n = 518)
  - Placebo (n = 517)

Participant Characteristics:
- Mean age 53.8 years; 31% ≥65 years; 52% women; 48% men
- 87% White, 29% Hispanic/Latinx, 8% Black/African American
- Median days from symptom onset to infusion was 4 days.
- 77% had mild COVID-19.

Primary Outcomes:
- COVID-19-related hospitalizations or all-cause deaths by Day 29: 4 (0.8%) in BAM plus ETE arm vs. 15 (5.8%) in placebo arm; relative risk difference: 70% (P < 0.001).
- All-cause deaths by Day 29: 0 in BAM plus ETE arm vs. 10 (1.9%) in placebo arm.

Interpretation:
- Compared to placebo, BAM plus ETE was associated with 4.8% absolute reduction and 70% relative reduction in COVID-19-related hospitalizations or all-cause deaths.
### Methods

**BLAZE-1: Double-Blind, Phase 3 RCT of Bamlanivimab 2,800 mg Plus Etesevimab 2,800 mg in Nonhospitalized Patients With Mild to Moderate COVID-19**

**Primary Endpoint:**
- COVID-19-related hospitalization or death from any cause by Day 29

**Secondary Endpoint:**
- SARS-CoV-2 VL >5.27 log_{10} copies/mL at Day 7

**Secondary Outcome:**
- Percentage of patients with SARS-CoV-2 VL >5.27 log_{10} copies/mL at Day 7: 9.8% in BAM plus ETE arm vs. 29.5% in placebo arm (P < 0.001).

### Results

**Double-Blind, Phase 3 RCT of Casirivimab Plus Imdevimab in Nonhospitalized Patients With Mild to Moderate COVID-19**

**Key Inclusion Criteria:**
- Aged ≥18 years
- Laboratory-confirmed SARS-CoV-2 infection
- Symptom onset within 7 days of randomization
- For patients included in the modified full analysis only:
  - ≥1 risk factor for severe COVID-19
  - Positive SARS-CoV-2 RT-PCR at baseline

**Interventions:**
- Single IV infusion of:
  - CAS 600 mg plus IMD 600 mg (n = 736) or placebo (n = 748)
  - CAS 1,200 mg plus IMD 1,200 mg (n = 1,355) or placebo (n = 1,341)

**Participant Characteristics:**
- Median age 50 years; 35% Hispanic/Latinx, 5% Black/African American
- Median duration of symptoms prior to enrollment was 3 days.

**Primary Outcome:**
- COVID-19-related hospitalizations or all-cause deaths through Day 29:
  - 7 (1.0%) in CAS 600 mg plus IMD 600 mg arm vs. 24 (3.2%) in placebo arm (P = 0.002).
  - 18 (1.3%) in CAS 1,200 mg plus IMD 1,200 mg arm vs. 62 (4.6%) in placebo arm (P < 0.001).

**All-Cause Deaths:**
- 1 (0.1%) in CAS 600 mg plus IMD 600 mg arm vs. 1 (0.1%) in placebo arm.
- 1 (< 0.1%) in CAS 1,200 mg plus IMD 1,200 mg arm vs. 3 (0.2%) in placebo arm.

**Interpretation:**
- Compared to placebo, CAS 600 mg plus IMD 600 mg was associated with 2.2% absolute reduction and 70% relative risk reduction in COVID-19-related hospitalizations or all-cause deaths.
- Compared to placebo, CAS 1,200 mg plus IMD 1,200 mg was associated with 3.3% absolute reduction and 71% relative risk reduction in COVID-19-related hospitalizations or all-cause deaths.
## Methods

**COMET-ICE:** Double-Blind, Phase 3 RCT of Sotrovimab in Nonhospitalized Patients With Mild to Moderate COVID-19, Interim Analysis

<table>
<thead>
<tr>
<th>Key Inclusion Criteria:</th>
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<tbody>
<tr>
<td>• Aged ≥18 years with ≥1 comorbidity or aged ≥55 years</td>
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<tr>
<td>• Laboratory-confirmed COVID-19</td>
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<td>• Symptom onset ≤5 days before enrollment</td>
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<tr>
<th>Key Exclusion Criteria:</th>
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<tr>
<td>• Hospitalized or requiring supplemental oxygen</td>
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<td>• Severely immunocompromised</td>
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<tr>
<th>Interventions:</th>
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<tr>
<td>• SOT 500 mg IV (n = 291)</td>
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<td>• Placebo (n = 292)</td>
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<tr>
<th>Participant Characteristics:</th>
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<tr>
<td>• Median age 53 years; 22% ≥65 years</td>
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<td>• 63% Hispanic/Latinx, 7% Black/African American</td>
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<tr>
<th>Primary Endpoint:</th>
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<tr>
<td>• Hospitalization or death from any cause by Day 29</td>
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<thead>
<tr>
<th>Interpretation:</th>
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<tr>
<td>• Compared to placebo, SOT was associated with 6% absolute reduction and 85% relative risk reduction in all-cause hospitalizations or deaths.</td>
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### Key:

- BAM = bamlanivimab
- CAS = casirivimab
- ETE = etesevimab
- IMD = imdevimab
- IV = intravenous
- mAbs = anti-SARS-CoV-2 monoclonal antibodies
- PEP = post-exposure prophylaxis
- RCT = randomized controlled trial
- RT-PCR = reverse transcription polymerase chain reaction
- SOT = sotrovimab
- SpO₂ = oxygen saturation
- VL = viral load

### References


