

Van: 5.1.2e, 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>

Verzonden: vrijdag 19 maart 2021 09:52

Aan: 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>; 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>; 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>; 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>; 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>; 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>; 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@minvws.nl>

Onderwerp: Update over bamlanivimab/etesevimab in VS

Hoi collega's,

Zie in de link een update over het gebruik van de antilicaamcombinatie bamlanivimab + etesevimab in de VS: [EMA issues advice on use of antibody combination \(bamlanivimab / etesevimab\) | European Medicines Agency \(europa.eu\)](#)

Belangrijk voor ons in de onderhandelingen met Eli Lilly is de volgende:

“letters issued by the FDA to Regeneron and Eli Lilly urging the companies to keep an eye on the rise of new strains, particularly the B.1.351 variant that first arose in South Africa. In those letters, which are for bamlanivimab alone and in combination with etesevimab and Regeneron’s monoclonal antibody, the FDA asked the two companies to “establish a monitoring genomic database(s) for the emergence of global viral variants of SARS-CoV-2” and provide monthly reports to the regulatory agency. Additionally, the FDA said it may require Eli Lilly and Regeneron to “assess the activity” of their monoclonal antibodies against any of the prevalent variants that harbor substitutions in the target protein.”

Groeten,

5.1.2e