SUPPLEMENTARY TEXT

First in Human Study of Bamlanivimab in a Randomized Trial of Hospitalized
Patients with COVID-19

Peter Chen, Gourab Datta, Ying Grace Li, Jenny Chien, Karen Price, Emmanuel Chigutsa, Patricia Brown-Augsburger, Josh Poorbaugh, Jeffrey Fill, Robert Benschop, Nadine Rouphael, Ariel Kay, Mark J. Mulligan, Amit Saxena, William A. Fischer, Michael Dougan, Paul Klekotka, Ajay Nirula, Charles Benson.

Supplementary Methods

Inclusion criteria

Participants are eligible to be included in the study only if all of the following criteria apply:

Age

1. Are \ge 18 and \le 85 years of age at the time of randomization

Type of Participant and Disease Characteristics

- 2. In the judgement of the investigator, have moderate or severe COVID-19 illness per the FDA resource page
- 3. Are hospitalized, or in the process of being admitted to hospital, and have an initial laboratory determination of current COVID-19 infection \leq 14 days of randomization.

Sex

4. Are men or non-pregnant women.

Study Procedures

- 5. Understand and agree to comply with planned study procedures
- 6. Agree to the collection of nasopharyngeal swabs and venous blood

Informed Consent

7. The participant or legally authorized representative give signed informed consent, which includes compliance with the requirements and restrictions listed in the informed consent form (ICF) and in this protocol.

Exclusion criteria

Participants are excluded from the study if any of the following criteria apply:

Medical Conditions

- 10. Require invasive mechanical ventilation or anticipated impending need for invasive mechanical ventilation
- 11. Anticipate transfer to another hospital which is not a study site within 5 days of randomization
- 12. Have known allergies to any of the components used in the formulation of the interventions
- 13. Have hemodynamic instability requiring use of pressors within 24 hours of randomization
- 14. Were resident in a nursing home or long-term care facility immediately prior to current hospitalization
- 15. Suspected or proven serious, active bacterial, fungal, viral, or other infection (besides

COVID-19) that in the opinion of the investigator could constitute a risk when taking intervention

16. Have any co-morbidity requiring surgery within <7 days, or that is considered life threatening

within 29 days

- 17. Have prior history of hepatic impairment, such as
 - a. severe liver cirrhosis Child-Pugh B or worse
 - b. cirrhosis with a history of hepatic encephalopathy
 - c. clinically meaningful ascites requiring ongoing treatment with diuretics and/or paracentesis, or
 - d. history of hepatorenal syndrome.
- 18. Have any serious concomitant systemic disorder that, in the opinion of the investigator, would preclude participation in the study
- 19. Current diagnosis of active malignancy that, in the opinion of the investigator, could constitute a risk when taking investigational product
- 20. Received convalescent COVID-19 plasma treatment prior to enrollment

Diagnostic assessments

- 21. Have an SpO2 <88% while breathing room air at rest. If on supplemental oxygen at the time of screening, use the last time point of measurement on room air up to 48 hours prior
- 22. Have alanine aminotransferase (ALT) or aspartate aminotransferase (AST) >5X upper limit of normal (ULN)

23. Have acute kidney disease with an eGFR <30 mL/min/1.73 m2 based on the chronic kidney disease epidemiology collaboration equation (CKD-EPI).

Chronic kidney disease is allowable, if judged to be stable for the past 3 months, in the opinion of the investigator.

Other Exclusions

- 24. Are pregnant or breast feeding
- 25. Are concurrently enrolled in any other type of medical research judged not to be scientifically or medically compatible with this study
- 26. Are Lilly employees
- 27. Are investigator site personnel directly affiliated with this study or their immediate families.

Sample size

Sample size was determined based on Monte Carlo simulations of mean AUC (28 day) of viral load using a viral dynamic PK/PD model and a preliminary variability estimate from literature. Success for the trial was claimed using a Bayesian criterion if any of the three bamlanivimab doses had at least 60% probability to reduce at least 30% mean AUC over placebo.

Viral resistance

All qPCR and nasal samples were subjected to next-generation sequencing. The full-length spike protein sequence was then inferred from the next-generation sequencing data and amino acid variations relative to the Wuhan reference sequence at an allelic frequency of $\geq 20\%$. Treatment emergent spike variations were identified by comparing post-baseline sequences to the respective baseline sequence (or reference sequence, if no baseline sequence was available) on a per patient basis.

PK Assay

Serum concentrations of bamlanivimab were determined using a validated hybrid LC-MS/MS method. Extraction was performed using Protein G coated magnetic beads for affinity capture of immunoglobulins, followed by sample purification, sequential reduction and alkylation of cysteines, and overnight on-beads enzymatic digestion with trypsin. A specific tryptic signature peptide from the Fab region of bamlanivimab was used for quantitation, with a stable isotope

labelled form used as the internal standard (IS). The signature peptide was identified and quantified using reversed-phase high-performance liquid chromatography with tandem mass spectrometry (HPLC-MS/MS) detection over an analyte concentration range of 5.00 to 500.00 µg/mL. Concentrations were calculated using peak area ratios of analyte to IS, and the linearity of the calibration curve determined using least squares regression analysis with a weighting factor of $1/x^2$. Samples were analysed on a weekly basis to facilitate PK and safety data review.

Surrogate Virus Neutralization Assay

Serum samples were co-incubated with biotinylated peptide from the receptor binding domain (RBD) of the SARS-CoV-2 spike protein, then added to plates coated with recombinant ACE2 extracellular domain (ECD). In the absence of antibody to RBD, the biotinylated RBD binds to the ACE2 ECD resulting in increased signal after colorimetric detection. Optical density value of diluted samples was interpolated against the bamlanivimab curve and multiplied by the dilution factor to generate the equivalent amount of bamlanivimab neutralization activity in the sample.

Serology

IgG antibodies against SARS-CoV-2 epitopes were detected using an in-house developed, Luminex-based, multiplex assay. Patient serum samples were titrated (1:800 – 1:1.6E7) in phosphate buffered saline-high salt solution (PBS-HS; 0.01 M PBS, 1% BSA, 0.02% Tween, 300 mM NaCl) and combined with Luminex MAGPlex microspheres coupled with SARS-CoV-2 antigens (RBD, NTD, NCP). These were incubated for 90 minutes at RT, washed, and then incubated for 60 minutes at RT with αIgG Fc-specific (#109-115-098, Jackson Labs) detector phycoerythrin-conjugated antibodies. Washed beads were then resuspended in a PBS-1% BSA solution and read using a Luminex L-200 System with xPONENT Software.

PK Data Analysis

Serum concentrations of bamlanivimab were analysed using descriptive summary statistics and the nonlinear mixed-effects modeling program NONMEM (Version 7.4.2). The PK data were well described by a 2-compartment structural model, parameterized in terms of systemic clearance (CL), central compartment volume of distribution (V1), peripheral volume of distribution (V2) and intercompartmental clearance (Q). Interpatient variability was included on both CL and V1. Weight was incorporated with fixed allometric exponents on CL, Q, V1 and

V2¹. Residual variability was accounted for with a proportional (bamlanivimab) error structure. No intrinsic or extrinsic patient factor was significant on key PK parameters.

References

(1) Betts, A. *et al.* Linear pharmacokinetic parameters for monoclonal antibodies are similar within a species and across different pharmacological targets: A comparison between human, cynomolgus monkey and hFcRn Tg32 transgenic mouse using a population-modeling approach. *MAbs* **10**, 751-64 (2018).

PYAA Investigators and Site Personnel

NYU Langone Vaccine Center

Mark Mulligan, MD

Amit Saxena, MD

Marie Samanovic, PhD

Janine Sullivan, NP

Thomas Filardo, MD

Emory University

Nadine Rouphael, MD

Ariel Kay, MPH

Mary M. Atha, APRN

Nour Beydoun, MD

Aneesh K. Mehta, MD

Varun Phadke, MD

Paulina Rebolledo Esteinou, MD, MSc

Daniel Reichman, PA-C

Nicholas Scanlon, MD

Jessica J. Traenkner, PA-C

Ronald P. Trible Jr., MD, PhD

Ghina Alaaeddine, MD

Belinda Atkins, RN

Amer Bechnak, MD

Lisa Harewood, BA

Kieffer Hellmeister, BS

Christopher Huerta, BS

Hannah Huston, MPA

Brandi Johnson, BS

Sara Jo Johnson, MPH

Hollie Macenczak, RN, BSN

Juliet Morales, BS

Susan Rogers, RPh

Erin Scherer, PhD, DPhil

Grace Xu, BS

Jianguo Xu, RPh, PhD

Massachusetts General Hospital

Michael Dougan, MD, PhD

Keri Sullivan

Kathryn Hall, RN

Cedars-Sinai Medical Center

Peter Chen, MD

Sam Torbati, MD

David Frishberg, MD

Anders Berg, MD, PhD

Tanyalak Parimon, MD

UNC Health

William A. Fischer II, MD

Naseem Alavian, MD

Brian Bramson, MD

Anne Lachiewicz, MD MPH

Nikolaos Mavrogiorgos, MD

David Wohl, MD

Brian Gurney, MSN

Susanne Henderson, BSN

Matthew Newell, RN

Susan Pedersen, BSN

Becky Straub, BSN

Miriam Chicurel-Bayard, BSN

Catherine Kronk, BA

Mandy Tipton, BS

Catherine Barnes, MS

Tania Hossain, BA

Grace Onyebuchi, MPH

Felicia Barriga Munante

RayeAnn Heap

Brittney Soderman

Jessica Gingles, BS

Nicole Maponga

Maria Bullis, PharmD

Wendy Burd

SUPPLEMENTARY FIGURES

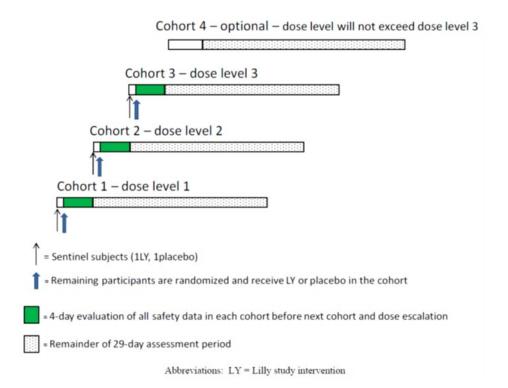


Figure S1: Study design

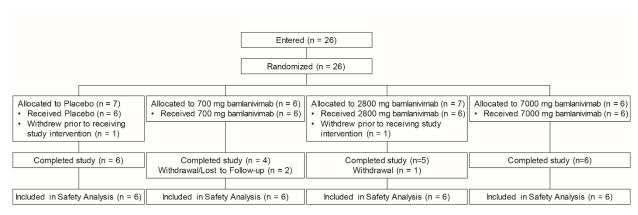


Figure S2: CONSORT diagram

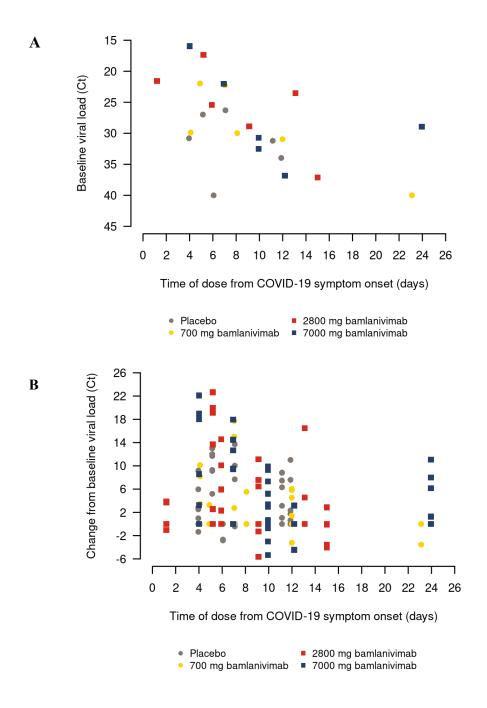


Figure S3: Baseline viral load vs time since symptom onset

SUPPLEMENTARY TABLES

Supplementary Table S1: Total symptom score

	Treatment Groups					
		Bamlanivimab				
	Placebo $(N = 6)$	700 mg (N = 6)	2800 mg (N = 6)	7000 mg (N = 6)		
		Sympto	om score	T		
Day 1, n	6	6	6	6		
Mean symptom score (SD)	3.0 (2.1)	4.2 (2.2)	2.8 (1.2)	1.3 (1.8)		
Day 2, n	5	6	6	6		
Mean symptom score (SD)	1.8 (1.6)	3.3 (1.8)	2.2 (1.7)	1.7 (1.9)		
Day 3, n	6	6	5	6		
Mean symptom score (SD)	1.3 (0.5)	2.7 (1.6)	1.2 (1.8)	1.7 (1.5)		
Day 4, n	4	6	5	6		
Mean symptom score (SD)	0.8 (0.5)	2.2 (1.8)	2.2 (0.4)	1.2 (1.0)		
Day 7, n	6	4	6	4		
Mean symptom score (SD)	0.7 (0.5)	1.3 (1.5)	1.2 (1.2)	1.5 (1.3)		
Day 11, n	6	4	6	5		
Mean symptom score (SD)	0.5 (0.5)	1.0 (1.4)	1.8 (1.8)	0.6 (0.5)		
Day 15, n	6	4	5	5		
Mean symptom score (SD)	0.2 (0.4)	1.0 (1.4)	1.6 (1.8)	0.4 (0.5)		
Day 22, n	6	4	5	6		
Mean symptom score (SD)	0.3 (0.5)	0.8 (1.5)	1.0 (1.0)	0.5 (0.5)		
Day 29, n	5	4	5	6		
Mean symptom score (SD)	0.2 (0.4)	0.8 (1.5)	0.4 (0.9)	0.7 (0.5)		

Total Symptom Score is derived as the sum all 3 symptom scores (fever, cough, shortness of breath) for each patient at each day.

Supplementary Table S2. NIAID Ordinal Scales

Supplementary Table S2. NIAID Ordinal Scales					
	Treatment Groups				
(0/)	DI I OLO	700 (71.6)	Bamlanivimab	7000 (31.6)	
n (%)	Placebo (N=6)	700 mg (N=6)	2800 mg (N=6)	7000 mg (N=6)	
	1	NIAID Ordinal Scale) 	1	
Screening					
1	0	0	0	0	
2	0	0	0	0	
3	0	0	0	0	
4	2 (33.3)	5 (83.3)	4 (66.7)	4 (66.7)	
5	0	1 (16.7)	0	0	
6	4 (66.7)	0	2 (33.3)	2 (33.3)	
7	0	0	0	0	
8	0	0	0	0	
Day 1					
1	0	0	0	0	
2	0	0	0	0	
3	0	0	0	0	
4	2 (33.3)	5 (83.3)	3 (50.0)	2 (33.3)	
5	0	1 (16.7)	0	0	
6	3 (50.0)	0	2 (33.3)	3 (50.0)	
7	1 (16.7)	0	1 (16.7)	1 (16.7)	
8	0	0	0	0	
Day 2					
1	0	0	0	0	
2	0	0	0	0	
3	0	0	0	0	
4	1 (16.7)	4 (66.7)	3 (50.0)	1 (16.7)	
5	0	0	0	0	
6	3 (50.0)	2 (33.3)	1 (16.7)	4 (66.7)	
7	1 (16.7)	0	2 (33.3)	1 (16.7)	
8	0	0	0	0	
Day 3					
1	0	0	0	0	
2	0	0	0	0	
3	0	0	0	0	
4	1 (16.7)	3 (50.0)	1 (16.7)	1 (16.7)	
5	0	0	0	0	
6	1 (16.7)	2 (33.3)	1 (16.7)	3 (50.0)	
7	3 (50.0)	1 (16.7)	4 (66.7)	0	
8	1 (16.7)	0	0	2 (33.3)	
Day 4					
1	0	0	0	0	
2	0	0	0	0	
3	0	0	0	0	
4	1 (16.7)	3 (50.0)	1 (16.7)	1 (16.7)	
5	0	0	0	0	
6	1 (16.7)	0	1 (16.7)	2 (33.3)	
7	1 (16.7)	2 (33.3)	3 (50.0)	1 (16.7)	
8	1 (16.7)	1 (16.7)	0	2 (33.3)	
Day 7					

1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	1 (16.7)	1 (16.7)	0	0
5	0	0	1 (16.7)	0
6	0	0	1 (16.7)	1 (16.7)
7	0	2 (33.3)	3 (50.0)	2 (33.3)
8	5 (83.3)	1 (16.7)	1 (16.7)	1 (16.7)
Day 11	3 (00.0)	1 (10.7)	1 (10.7)	1 (10.7)
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	0	2 (33.3)	5 (83.3)	4 (66.7)
8	6 (100.0)	2 (33.3)	1 (16.7)	1 (16.7)
Day 15	` ′	, ,	, ,	, ,
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	0	2 (33.3)	5 (83.3)	4 (66.7)
8	6 (100.0)	2 (33.3)	0	1 (16.7)
Day 22				
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	1 (16.7)	1 (16.7)	4 (66.7)	2 (33.3)
8	5 (83.3)	3 (50.0)	1 (16.7)	4 (66.7)
Day 29				
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	0 5 (82.2)	1 (16.7)	4 (66.7)	2 (33.3)
8	5 (83.3)	3 (50.0)	1 (16.7)	4 (66.7)

Missing patient data for any cell where n does not equal 6; Score: 1 = Death; 2 = Hospitalized, on invasive mechanical ventilation or extracorporeal membrane oxygenation; 3 = Hospitalized, on non-invasive ventilation or high flow oxygen devices; 4 = Hospitalized, requiring supplemental oxygen; 5 = Hospitalized, not requiring supplemental oxygen - requiring ongoing medical care (COVID-19 related or otherwise); 6 = Hospitalized, not requiring supplemental oxygen - no longer requires ongoing medical care; 7 = Not hospitalized, limitation on activities and/or requiring home oxygen; 8 = Not hospitalized, no limitations on activities

Supplementary Table S3. WHO Ordinal Scales

	Treatment Groups				
		Bamlanivimab			
n (%)	Placebo (N=6)	700 mg (N=6)	2800 mg (N=6)	7000 mg (N=6)	
		WHO Ordinal Scal	e		
Screening					
_	0 0	0	0	0	
	1 0	0	0	0	
	2 0	1 (16.7)	0	0	
	3 4 (66.7)	0	2 (33.3)	2 (33.3)	
	4 2 (33.3)	5 (83.3)	4 (66.7)	4 (66.7)	
	5 0	0	0	0	
	6 0	0	0	0	
	7 0	0	0	0	
	8 0	0	0	0	
Day 1					
-	0 0	0	0	0	
	1 0	0	0	0	
	2 1 (16.7)	1 (16.7)	1 (16.7)	1 (16.7)	
	3 (50.0)	0	2 (33.3)	3 (50.0)	
	4 2 (33.3)	5 (83.3)	3 (50.0)	2 (33.3)	
	5 0	0	0	0	
	6 0	0	0	0	
	7 0	0	0	0	
	8 0	0	0	0	
Day 2	0 0	· ·	v	•	
-	0	0	0	0	
	1 0	0	0	0	
	2 1 (16.7)	0	2 (33.3)	1 (16.7)	
	3 (50.0)	2 (33.3)	1 (16.7)	4 (66.7)	
	4 1 (16.7)	4 (66.7)	3 (50.0)	1 (16.7)	
	5 0	0	0	0	
	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$	0	0	0	
	$\begin{bmatrix} 0 \\ 7 \end{bmatrix}$	0	0	0	
	8 0	0	0	0	
Day 3	0	0	•	<u> </u>	
	0	0	0	0	
	1 (16.7)	0	0	2 (33.3)	
	2 3 (50.0)	1 (16.7)	4 (66.7)	0	
	3 (30.0)	2 (33.3)	1 (16.7)	3 (50.0)	
	4 1 (16.7)	3 (50.0)	1 (16.7)	1 (16.7)	
		3 (30.0)	_	0	
	5 0 6 0	0	0	0	
	7 0	0	0	0	
	8 0		0	0	
	o U	0	U	U	
Day 4		1 (16.7)			
	0 0	1 (16.7)	0	0 2 (22.2)	
	1 (16.7)	0 2 (22.2)	0	2 (33.3)	
	2 1 (16.7)	2 (33.3)	3 (50.0)	1 (16.7)	
	3 1 (16.7)	0	1 (16.7)	2 (33.3)	

	4	1 (16.7)	3 (50.0)	1 (16.7)	1 (16.7)
	5	0	0	0	0
	6	0	0	0	0
	7	0	0	0	0
	8	0	0	0	0
Day 7					
	0	1 (16.7)	0	1 (16.7)	0
	1	4 (66.7)	1 (16.7)	1 (16.7)	1 (16.7)
	2	0	2 (33.3)	3 (50.0)	2 (33.3)
	3	0	0	1 (16.7)	1 (16.7)
	4	1 (16.7)	1 (16.7)	0	0
	5	0	0	0	0
	6	0	0	0	0
		•	_	-	•
	7	0	0	0	0
D 11	8	0	0	0	0
Day 11		2 (50.0)	4 (4 (=)	4 (4 (-	•
	0	3 (50.0)	1 (16.7)	1 (16.7)	0
	1	3 (50.0)	1 (16.7)	1 (16.7)	1 (16.7)
	2	0	2 (33.3)	4 (66.7)	4 (66.7)
	3	0	0	0	0
	4	0	0	0	0
	5	0	0	0	0
	6	0	0	0	0
	7	0	0	0	0
	8	0	0	0	0
Day 15					
	0	2 (33.3)	2 (33.3)	1 (16.7)	0
	1	4 (66.7)	0	0	1 (16.7)
	2	0	2 (33.3)	4 (66.7)	4 (66.7)
	3	0	0	0	0
	4	0	0	0	0
	5	0	0	0	0
	6	0	0	0	0
	7	0	0	0	0
	8	0	0	0	0
Day 22		•	•	,	
-u,	0	2 (33.3)	2 (33.3)	1 (16.7)	3 (50.0)
	1	3 (50.0)	1 (16.7)	1 (16.7)	1 (16.7)
	2	1 (16.7)	1 (16.7)	3 (50.0)	2 (33.3)
	3	0	0	0	0
	4	0	0	0	0
	5	0	0	0	0
	6	0	0	0	0
	7		0	0	0
	8	0	0	0	
Day 20	ð	0	U	U	0
Day 29	•	2 (22 2)	2 (FO O)	2 (22 2)	2 (22 2)
	0	2 (33.3)	3 (50.0)	2 (33.3)	2 (33.3)
	1	3 (50.0)	0	0 2 (50.0)	2 (33.3)
	2	0	1 (16.7)	3 (50.0)	2 (33.3)
	3	0	0	0	0
	4	0	0	0	0

5	0	0	0	0
6	0	0	0	0
7	0	0	0	0
8	0	0	0	0

Missing patient data for any cell where n does not equal 6; Score: 0 = No clinical or virological evidence of infection; 1 = No limitation of activities; 2 = L Limitation of activities; 3 = H ospitalized, no oxygen therapy; 4 = Oxygen by mask or nasal prongs; 5 = N on-invasive ventilation or high-flow oxygen; 6 = I Intubation and mechanical ventilation; 7 = V entilation + A additional organ support; 8 = D eath

Supplementary Table S4. NEWS2 Scores

		Treatment Groups				
n (%)		Bamlanivimab				
		Placebo (N=6)	700 mg (N=6)	2800 mg (N=6)	7000 mg (N=6)	
			NEWS2 Score	•	•	
Day 1						
•	0-4	1 (16.7)	0	3 (50.0)	2 (33.3)	
	5-6	0	2 (33.3)	0	2 (33.3)	
	≥7	1 (16.7)	0	0	0	
Day 2						
-	0-4	4 (66.7)	1 (16.7)	4 (66.7)	4 (66.7)	
	5-6	1 (16.7)	2 (33.3)	0	1 (16.7)	
	≥7	0	3 (50.0)	2 (33.3)	0	
Day 3						
-	0-4	4 (66.7)	5 (83.3)	2 (33.3)	5 (83.3)	
	5-6	2 (33.3)	1 (16.7)	1 (16.7)	0	
	≥7	0	0	2 (33.3)	0	
Day 4						
-	0-4	0	2 (33.3)	2 (33.3)	2 (33.3)	
	5-6	2 (33.3)	3 (50.0)	1 (16.7)	1 (16.7)	
	≥7	0	0	0	0	
Day 7						
·	0-4	5 (83.3)	2 (33.3)	4 (66.7)	4 (66.7)	
	5-6	1 (16.7)	1 (16.7)	0	0	
	≥7	0	1 (16.7)	2 (33.3)	0	
Day 11						
·	0-4	6 (100.0)	4 (66.7)	4 (66.7)	4 (66.7)	
	5-6	0	0	2 (33.3)	0	
	≥7	0	0	0	0	
Day 15						
•	0-4	6 (100.0)	4 (66.7)	4 (66.7)	5 (83.3)	
	5-6	0	0	0	0	
	≥7	0	0	0	0	
Day 22						
J	0-4	5 (83.3)	4 (66.7)	5 (83.3)	5 (83.3)	
	5-6	0	0	0	0	
	≥7	1 (16.7)	0	0	0	
Day 29		, ,				
-	0-4	5 (83.3)	4 (66.7)	5 (83.3)	5 (83.3)	
	5-6	0	0	0	0	
	≥7	0	0	0	0	

Missing patient data for any cell where n does not equal 6; NEWS2 = National Early Warning Score; Aggregate score 0-4 = low clinical risk; 5-6 = medium clinical risk; $\geq 7 = high$ clinical risk