



Public Health Division

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770 TDD: Call 711

The County of Santa Cruz receives limited allocations of COVID-19 antivirals and therapeutic medication which include: Evusheld, Paxlovid, Molnupiravir, Sotrovimab, and other medication(s) which may be identified. To make it easier for high-risk patients to be treated, we would like to expand the number of providers who are authorized to receive these medications throughout the County.

Currently, infected patients who are prioritized to receive these medications are:

Patient Prioritization Risk Groups

Tier	Characteristics
1	<ul style="list-style-type: none"> • Immunocompromised, not expected to mount an adequate immune response to COVID-19 vaccine or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status; or • Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥ 75 years or anyone aged ≥ 65 years with additional risk factors).
2	<ul style="list-style-type: none"> • Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥ 65 years or anyone aged < 65 years with clinical risk factors)
3	<ul style="list-style-type: none"> • Vaccinated individuals at high risk of severe disease (anyone aged ≥ 75 years or anyone aged ≥ 65 years with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>
4	<ul style="list-style-type: none"> • Vaccinated individuals at risk of severe disease (anyone aged ≥ 65 years or anyone aged < 65 with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>

<https://www.covid19treatmentguidelines.nih.gov>

Additionally, Evusheld is indicated for prophylaxis for patients with moderate to severe immunocompromising conditions that may result in an inadequate immune response to COVID-19 vaccination.

Healthcare providers who are authorized to apply for and receive these medications include those listed below. Final approval will be made by the Health Officers.

- Oncologists
- Kidney Dialysis Clinics and Providers
- Urgent Care Clinics
- Federally Qualified Health Centers
- Skilled Nursing Facilities
- Other Providers Authorized by the County

If you are interested in adding your practice to the list of healthcare providers who are authorized to order and receive one or more of these medications, please complete the attached form and return it to:

HSADOCTherapeutics@santacruzcounty.us



Public Health
Prevent. Promote. Protect.

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HPoP Account Request Form

Thank you for your interest in working with the Santa Cruz County Health Services Agency therapeutics distribution efforts. To receive therapeutics from the County, your facility must have a Health Partner Ordering Portal (HPoP) account established. Accounts are established at the request of County governments. If you would like to have an HPoP account established for your facility, please provide the information listed below and return the form to:

HSADOCTherapeutics@santacruzcounty.us

Provider/Facility Name: _____

Provider Address:

Street

City, Zip Code

County

Provider Contact Information

This person should be the best point of contact for CDPH to reach out to with questions and who can verify delivery and receipt of orders.

Name

E-Mail Address

Phone Number



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Provider Type: _____
i.e., hospital, pharmacy, health center, etc.

Provider Setting: _____
i.e., hospital, school, pharmacy, etc.

Populations Served: _____
i.e., general public, pediatrics, oncology patients, etc.

By signing this form, you(r)/facility attest(s) that the above is true and correct and your facility is taking steps to administer County distributed therapeutics in accordance with the Patient Prioritization Risk Groups listed below. Additionally, you agree that your facility will follow all receiving, transfer, and reporting requirements as outlined in the HPOp Therapeutics Provider Quick Start User Guide provided at the time of your HPOp account confirmation.

Patient Prioritization Risk Groups

Tier	Characteristics
1	<ul style="list-style-type: none">• Immunocompromised, not expected to mount an adequate immune response to COVID-19 vaccine or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status; or• Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors).
2	<ul style="list-style-type: none">• Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged <65 years with clinical risk factors)
3	<ul style="list-style-type: none">• Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>
4	<ul style="list-style-type: none">• Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>

<https://www.covid19treatmentguidelines.nih.gov>

Name: _____

Job Title: _____

Signature: _____