



Public Health Division

# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061  
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### COVID-19 Therapeutics/mAb Request Form

**Please read prior to filling out form:**

- All COVID-19 Therapeutics requests should be e-mailed to [HSADOCTherapeutics@santacruzcounty.us](mailto:HSADOCTherapeutics@santacruzcounty.us) by **Mondays at 5:00pm for a SEVEN (7) DAY** planning period (Wednesday to Wednesday). If there are urgent requests, please submit immediately for review.
- Therapeutics are available for **PICK-UP on Monday, Wednesday, and Friday from 9:00am-1:00pm.**
  - For pick-up, it is requested that all therapeutics be **transported** with your organization's cold chain supplies: cooler, cold packs, digital data logger (if necessary).
  - If support with cold chain supplies is needed, notification must be provided at the time of order. All loaned supplies must be returned within **24 hours** of therapeutics transfer.

Facility Name: \_\_\_\_\_ Director/Contact: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone: \_\_\_\_\_ NPI/PIN #: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Requested by Date/Time: \_\_\_\_\_

Therapeutics/mAb's Requested (# in courses)				
Evusheld	Paxlovid	Sotromivab	Molnupiravir	Other Therapeutic
_____	_____	_____	_____	_____

Will your facility need support cold chain supplies? Yes  No

Please use the attached Patient Prioritization Risk Groups table on the following page to ensure that administered therapeutics are reaching the most vulnerable members of our community. Should you have any questions regarding the listed tiers, please email the Therapeutics email address listed above.

**For Internal Use Only:** Date Received: \_\_\_\_\_ Date Input in HPOp System: \_\_\_\_\_

Date Forwarded by MHOAC for Approval: \_\_\_\_\_ Date Approved by Health/Deputy Officer: \_\_\_\_\_

## COVID-19 Therapeutics Prioritization Table:

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### Patient Prioritization Risk Groups

Tier	Characteristics
1	<ul style="list-style-type: none"><li>• <b>Immunocompromised</b>, 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</li><li>• <b>Unvaccinated individuals at the highest risk of severe disease</b> (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors).</li></ul>
2	<ul style="list-style-type: none"><li>• <b>Unvaccinated individuals at risk of severe disease not included in Tier 1</b> (anyone aged ≥65 years or anyone aged &lt;65 years with clinical risk factors)</li></ul>
3	<ul style="list-style-type: none"><li>• <b>Vaccinated individuals at high risk of severe disease</b> (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors)</li></ul> <p><b>Note:</b> 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"><li>• <b>Vaccinated individuals at risk of severe disease</b> (anyone aged ≥65 years or anyone aged &lt;65 with clinical risk factors)</li></ul> <p><b>Note:</b> 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>

\*\*See Updated Prioritization Groups for Evusheld as Listed by CDPH

Updated February 18, 2022

#### \*\*Prioritization of Patients to Receive Evusheld

Overall weekly supplies of Evusheld [distributed from HHS](#) have remained relatively consistent. However, product scarcity is still possible, especially as the number of sites administering this treatment increases. In cases where supply is limited by supply or logistical constraints, providers should follow the [NIH treatment guidelines](#). In summary, patients eligible for receiving Evusheld can be prioritized into three groups:

**Priority 1:** People who are severely immunocompromised should be prioritized for Evusheld. According to the [NIH treatment guidelines](#), individuals with the below, or equivalent medical conditions, can be classified as having a severe immunocompromising condition:

- Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
- Patients receiving Bruton tyrosine kinase inhibitors
- Chimeric antigen receptor T cell recipients
- Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication
- Patients with hematologic malignancies who are on active therapy
- Lung transplant recipients
- Patients who are within 1 year of receiving a solid-organ transplant (other than lung transplant)
- Solid-organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents
- Patients with severe combined immunodeficiencies
- Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm<sup>3</sup>

**Priority 2:** If adequate supply exists to treat current demand in people meeting the Priority 1 group criteria, those who are moderately immunocompromised (see [FDA Fact Sheet](#) for additional medical conditions) and are not expected to mount an appropriate response to COVID-19 vaccination can receive Evusheld if clinically appropriate.

**Priority 3:** Finally, if adequate product exists to meet the above demands, healthy people with no immunocompromising conditions but history of severe adverse reactions to the COVID-19 vaccine as outlined in the [product EUA](#) can be offered Evusheld.