



State of Utah

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Governor

DEIDRE M. HENDERSON
Lieutenant Governor

**Utah Department of Health
Executive Director's Office**

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Deputy Director

Michelle G. Hofmann M.D., M.P.H., M.H.C.D.S., F.A.A.P.
Deputy Director

January 28, 2022

Dear Provider,

The landscape for COVID-19 therapeutics is rapidly evolving and this letter offers several critical updates related to accessing sotrovimab and paxlovid for your patients. We encourage every provider in Utah to read this letter in its entirety.

First, we have made several changes to the Utah COVID-19 Risk Score, used to assess eligibility for sotrovimab and paxlovid.

1. To comply with federal laws pertaining to protected classes, we have removed race, ethnicity, and gender from the Risk Score. We acknowledge certain racial and ethnic minority groups have a significantly increased risk of COVID-19 hospitalization. We continue to focus on ensuring equitable access to effective treatments in locations where communities of color receive care.
2. To ensure use of every available treatment, we are lowering the Risk Scores for determining eligibility. While we are using most of the available sotrovimab supply, paxlovid utilization is less than expected due to 2 primary barriers: (1) the shorter 5-day eligibility window, and (2) significant drug-drug interactions that prevent its use.
3. To align with new knowledge and NIH recommendations, several changes have been made in assessing risk for the immunocompromised, pregnant women, and unvaccinated elderly.

For a detailed summary of the most recent changes, please see the [COVID-19 Treatments - Information for Medical Providers](#) webpage. We ask that you pay careful attention to the detailed risk stratification of immunocompromised individuals in this document, as this group of patients remains uniquely vulnerable, regardless of vaccination status, to the most severe outcomes of COVID-19. In accordance with this new guidance, for individuals 16 and older, please assess eligibility for sotrovimab and paxlovid using the following criteria:

Age \geq 16 yo must meet ALL inclusion criteria:

- Test confirmed COVID-19 (PCR or Antigen; home or lab)
- Symptomatic, with no more than 7 days from symptom onset for sotrovimab and 5 days from symptom onset for paxlovid
- NO new hypoxemia (SpO₂<90% on room air; new/increased supplemental oxygen)



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- NOT being admitted or already admitted to an acute care hospital for COVID-19 specifically, or for COVID-19 related complications
- IF meeting above inclusion criteria AND severely immunocompromised then the patient is eligible, regardless of vaccination status
- IF meeting above inclusion criteria AND NOT severely immunocompromised, determine eligibility based on COVID-19 vaccination status and other factors
- IF NOT fully vaccinated AND Age 75 or greater, the patient is eligible
- IF NOT fully vaccinated AND Pregnant, the patient must have a Utah COVID-19 Risk Score greater than 3.5 (=4 or more)
- IF NOT fully vaccinated, the patient must have a Utah COVID-19 Risk Score greater than 5.5 (=6 or more)
- IF fully vaccinated, the patient must have a Utah COVID-19 Risk Score greater than 7.5 (=8 or more)

Utah COVID-19 Risk Score

Demographic Risk Factors	Points
Age	0.5 for every decade: 16-20=1, 21-30=1.5, 31-40=2, 41-50=2.5, 51-60=3, 61-70=3.5, 71-80=4, 81-90=4.5, 91-100=5, >100=5.5
Highest-Risk Comorbidities	
Diabetes mellitus	2
Obesity (BMI>30 kg/m ²)	2
Other High-Risk Comorbidities	
Active Cancer	1
Other immunosuppressive therapies and conditions	1
Hypertension	1
Coronary artery disease	1
Cardiac arrhythmia	1
Congestive heart failure	1
Chronic kidney disease	1
Chronic pulmonary disease	1
Chronic liver disease	1
Cerebrovascular disease	1
Chronic neurologic disease	1
Symptom Risk Factor	
New shortness of breath	1
Total	



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Second, in addition to a growing list of clinical access points across Utah, a limited supply of paxlovid will be available starting next week in select CVS, Walgreens, and Kroger pharmacy locations. We request that when prescribing paxlovid, given the extremely scarce supply, you use the [Utah Crisis Standards of Care Scarce COVID Therapeutics Allocation Guidelines](#) to ensure these very limited treatment courses are reserved for those most likely to experience severe outcomes from COVID-19. In addition, paxlovid prescribers should thoroughly evaluate their patients for contraindications, with close attention to individuals with kidney and/or liver disease and those with [drug-drug interactions](#). We have compiled several important resources for your reference when prescribing paxlovid:

- [Paxlovid Safety Reference Sheet](#)
- [Fact Sheet for Healthcare Providers Emergency Use Authorization for Paxlovid](#)
- [Fact Sheet for Patients, Parents, and Caregivers \(Spanish Version\)](#)
- Note: This [prescriber checklist](#) was written to align with the current emergency use authorization for paxlovid. Please use the [Utah Crisis Standards of Care Scarce COVID Therapeutics Allocation Guidelines](#) to assess eligibility for your patient and the checklist to ensure safe prescribing.

The federal [COVID-19 Therapeutics Locator](#) displays public locations that have received shipments of U.S. Government-procured COVID-19 therapeutics under U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA) authority. The locations displayed in the locator have reported stock on hand within the last day. We recommend you call to confirm available supply before sending an e-script or directing your patient to a pharmacy location.

We have made no changes to [sotrovimab treatment locations](#) at this time. For your convenience, use Utah's [risk score calculator](#) to find out if your patient might be eligible for treatment with sotrovimab or paxlovid. More information on the evolving landscape of treatment options for COVID-19 in Utah is available at <https://coronavirus.utah.gov/treatments/>.

Finally, if you or your facility are interested in becoming a provider for COVID-19 treatments, please fill out this [survey](#) to let the Department know of your interest.

We would like to extend our deepest gratitude to the members of the Crisis Standards of Care Scarce Medications Subcommittee for their subject matter expertise and unwavering commitment to providing us an evidence-based and ethical framework for ensuring those most likely to benefit are



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also the ones most likely to receive this very precious resource. Conditions of scarcity will continue to test all of us collectively to be responsible stewards. Thank you for all you do in protecting Utahns during this challenging time.

Kindest regards,

A handwritten signature in black ink, appearing to read "M. Hofmann".

Michelle Hofmann, MD, MPH, MHCDS

Deputy Director and Chief Medical Advisor, Utah Department of Health