



State of Utah

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Governor

DEIDRE M. HENDERSON  
Lieutenant Governor

Utah Department of Health  
Executive Director's Office

Nate Checketts, M.P.A.  
Executive Director

Heather R. Borski, M.P.H., M.C.H.E.S.  
Deputy Director

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

March 30, 2022

Dear Provider,

As COVID-19 rates decrease and more and more Utahns are protected from COVID-19 with vaccine- and infection-induced immunity, we are continuing to transition to a more traditional medical model where Utah's healthcare providers can directly connect their patients to effective COVID-19 treatments. This letter offers several critical updates related to accessing these treatments for your patients and we encourage all providers to read it in its entirety.

**Due to a lack of additional COVID-19 relief funding from Congress, HRSA's COVID-19 Uninsured Program stopped accepting claims for testing and treatment March 22, 2022 at 11:59 pm ET. The Uninsured Program and the COVID-19 Coverage Assistance Fund will also stop accepting vaccination claims on April 5, 2022 at 11:59 pm ET.**

- We are exploring multiple options to mitigate the effects of these changes on our uninsured population.
- This lack of funding has caused our allocation of therapeutics from the federal government to decrease by 35%. We have a stockpile of therapeutics to help offset the reduction in supply.

**The BA.2 variant is now projected to represent >50% of Omicron cases in Utah. Sotrovimab is ineffective against the BA.2 variant, and we will be discontinuing its use and moving to the use of bebtelovimab as the preferred monoclonal antibody on 3/30/2022.**

- Bebtelovimab was authorized for use under an [Emergency Use Authorization \(EUA\)](#) on February 11, 2022 for use when alternative COVID-19 treatment options approved or authorized by the FDA are not accessible or clinically appropriate.
- We will continue to use [REDCap](#) to request Bebtelovimab.
- **Daily reporting** in HPOp is required for doses administered.
- The state's risk score calculator has been replaced by a [self-assessment tool](#) that patients can use to determine if they are likely to meet EUA criteria. When patients or providers use this tool, COVID-19 Hotline operators are available at 1-800-456-7707 to help locate the nearest provider.

**The Utah Crisis Standards of Care Scarce COVID Therapeutics Guidelines has been retired,**



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but the option to reinstate these guidelines remains if supply, demand, or capacity changes in a way that warrants it. Given the current supply of other COVID-19 treatments in Utah, recommendations for prescribing currently align with Emergency Use Authorization (EUA) criteria. Specifically,

- **PAXLOVID has moved to the [Emergency Use Authorization \(EUA\)](#) criteria only.** The state's risk score will no longer be applied when assessing eligibility for PAXLOVID.
- **Evusheld has moved to the [Emergency Use Authorization \(EUA\)](#) criteria only, including a [recent change doubling the dose](#).** Evusheld (tixagevimab co-packaged with cilgavimab) is authorized for use as pre-exposure prophylaxis of COVID-19 in certain adults and children.
  - a. Patients who previously received an initial lower dose of Evusheld (150 mg of tixagevimab and 150 mg of cilgavimab) should contact their healthcare provider and return for an additional 150 mg of tixagevimab and 150 mg of cilgavimab as soon as possible. Any subsequent repeat dosing will be timed from the date of this additional Evusheld dose.
  - b. Patients who have not received any doses of Evusheld should talk to their healthcare provider to determine whether, based on their individual circumstances, they are eligible to receive it. If they are eligible, they should receive **300 mg of tixagevimab and 300 mg of cilgavimab**.
  - c. The federal [COVID-19 Therapeutics Locator](#) can be used to find providers currently administering Evusheld.
  - d. If you would like to provide Evusheld to your patients please email [evancrook@utah.gov](mailto:evancrook@utah.gov) with your request.
- **Molnupiravir has moved to the [Emergency Use Authorization \(EUA\)](#) criteria only.** Molnupiravir can be appropriate when other treatments are contraindicated due to [drug-drug interactions](#) or renal impairment. Molnupiravir can be especially useful for residents of long-term care facilities of advanced age who are on medications with contraindications to PAXLOVID.

As a reminder, the federal [COVID-19 Therapeutics Locator](#) displays public locations that have received shipments of U.S. Government-procured COVID-19 therapeutics under FDA EUA authority. The locations displayed in the locator have reported stock on hand within the last day. For



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a list of Utah sites that have been allocated PAXLOVID, click on this [link](#). We recommend you call to confirm available supply before sending an e-script or directing your patient to a pharmacy location.

**The UDOH-sponsored infusion site in Millcreek was closed on March 17, 2022.** We are seeing a decrease in demand for COVID-19 treatments and are prepared to resume operations if we experience a serious COVID-19 surge where demand outpaces available capacity in traditional healthcare settings.

**We would encourage all providers to familiarize themselves with currently available COVID-19 treatments.** For a detailed summary of the most recent changes, please see the [COVID-19 Treatments - Information for Medical Providers](#) webpage.

**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.**

Thank you for all you continue to do to care for and protect Utahns.

Kindest regards,

Michelle Hofmann, MD, MPH, MHCDS  
Deputy Director and Chief Medical Advisor, Utah Department of Health