IDPH TPOXX Administration & Request System

Quick Start Guide

Currently, there is no approved treatment to specifically treat Monkeypox. TPOXX (Tecovirimat) is an approved treatment for smallpox in adults and children and may prove beneficial for treatment of Monkeypox. CDC holds an [Expanded Access Investigational New Drug (IND) Protocol](#) to allow access to and use TPOXX for treatment of non-variola orthopoxvirus infections including Monkeypox.

The Illinois Department of Public Health (IDPH) TPOXX Administration and Request System will be used to aid in requesting and recording administration of TPOXX to patients in Illinois. There are three parts to the IDPH TPOXX Administration & Request System:

1. LHD TPOXX Request Form: form for LHDs and RHCCs to request TPOXX from IDPH. This form is only for LHDs and RHCCs. Providers will need to use the Provider TPOXX Request Form
2. Provider TPOXX Request Form: form for provider to request TPOXX from LHDs. Submitting this completed form will generate an electronic TPOXX Provider Agreement that will need to be electronically signed and submitted.
3. TPOXX Administration Form: communicate administration of TPOXX to IDPH.

For **LHDs or RHCCs** requesting TPOXX courses from the Illinois Department of Public Health to have on-hand at your facility and/or to share courses with local providers, please fill out the **LHD TPOXX Request Form** found at: https://app.smartsheet.com/b/publish?EQBCT=16a0994b9f71406fa9286eaf45b70a6d

1. Select your health department or RHCC from the drop-down list
2. Enter the number of courses you are requesting. 1 full course = 2 bottles for people weighing 40–120kg. Requests will be evaluated against current case load and population at risk of severe disease. Minimum request= 1 course and can be requested by jurisdictions with 0 current cases for pre-positioning.
3. Enter the LHD or RHCC delivery address, city, zip code, and county
4. Enter the LHD or RHCC point of contact that will be available to accept the shipment and answer questions
5. Enter a back-up LHD or RHCC point of contact
6. Indicate what days of the week and time are available to receive courses. Please include details on weekend and holiday availability.

This form and delivery from IDPH are only available for LHDs and RHCCs. Providers will use a separate form to order TPOXX courses from LHDs.

For **Providers** requesting TPOXX for individual patient treatment or for pre-positioning, please fill out the **Provider TPOXX Request Form**: https://app.smartsheet.com/b/publish?EQBCT=16a0994b9f71406fa9286eaf45b70a6d

1. Please select what formulation you are requesting
   a. Oral TPOXX is available in 200mg capsules. 1 full course = 2 bottles for people weighing 40–120kg
   b. IV TPOXX is available in single dose vials containing 200mg of tecovirimat in 20mL for further dilution prior to intravenous infusion. IV TPOXX will be requested from the Federal SNS.
2. Select your LHD or IDPH if requesting IV TPOXX.
3. Enter your facility name
4. Enter your provider's name and NPI. This will be used to validate requests
5. Enter your facility address. This information will transfer to the electronic TPOXX Provider Agreement
6. Enter the Chief Medical Officer's name and email

7. Enter the Chief Executive Officer's (or Chief Fiduciary) name and email
   -Continued-
8. Enter the appropriate facility delivery address, city, zip code, and county
7. Enter the facility point of contact that will be available to accept the shipment and answer questions
8. Enter a back-up facility point of contact
9. Indicate what days of the week and time are available to receive courses. Please include details on weekend and holiday availability.

Submitting this form will all required information will generate an electronic TPOXX Provider Agreement that will be sent and submitted through DocuSign. Submitting the TPOXX Provider Agreement is a requirement for accepting and providing TPOXX. Signing the TPOXX Provider Agreement acknowledges intent to comply with all requirements, issued by the state and federal government, to include but not limited to, ensuring all regulatory submissions are made and ensuring informed consent is obtained prior to initiation of treatment.

The LHD selected in #1 will be notified of the request for TPOXX. Please direct any questions regarding the form, Smartsheet, and/or Provider Agreement to DPH.TPOXX@illinois.gov.

For LHDs: LHDs will be able to view orders from Providers via the county specific Dynamic View in Smartsheet. You will receive an email to this link after a provider submits an order. Double clicking the row will expand a side panel where LHDs will be able to approve/deny, enter the quantity approved, enter a shipment or delivery date, and select once TPOXX is released. Only the primary contacts listed in CEMP have been given access to Dynamic View. If any other or alternate contacts are requested, please email DPH.TPOXX@illinois.gov.

Once TPOXX has been administered, the LHD will need to fill out the **TPOXX Administration Form**.

1. Select if the patient had a clinical or laboratory diagnosis of Monkeypox
2. Select what formulation was administered
3. Select if the patient has been tested for Monkeypox
4. Enter the patient's INEDDS number
5. Enter the patient's county and state
6. Enter the patient's telephone number
7. Select reason(s) for TPOXX treatment.
8. Click the box to confirm the provider followed the dosing recommendations found in sections 4.1 and 4.2 of the Expanded Access Investigational New Drug Protocol