**UW Medicine Guidance for Treating Patients with Monkeypox**

Version 1.4

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This document will be updated frequently as process changes arise. **Please do not print.**

**Who should be treated?**

See [CDC Guidance](https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html) for details. Most patients qualify for treatment. Treat PCR confirmed or strongly suspected cases.

**Tecovirimat (TPOXX)**

This drug is available under the expanded access investigational new drug (EA-IND). **Currently, only providers who have been listed on the 1572 form are able to prescribe it.**

**Ineligible patients** – [See CDC guidance](https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html)

**Steps to Prescribe Tecovirimat (TPOXX)**

For infection prevention and patient convenience purposes, any/all of these steps can be performed via telemedicine. Recommend that steps 1 and 2 be performed before an in-person visit when possible.

1. **Obtain Informed Consent**

* [CDC Informed Consent form](https://www.cdc.gov/poxvirus/monkeypox/pdf/Attachment-1-Informed-Consent.pdf)
  + Review the above form with the patient. Options for obtaining a signature:
    - Share via MyChart or email and have the patient return it electronically
    - Provide a hard copy, have the patient take a picture and return via email/MyChart
    - Have the patient sign the hard copy:
      * Provider cleans desk, gels over gloves, and obtains the form (passed from outside door). Patient gels hands, dons gloves, signs consent on the clean desk. Provider passes the form out of the room, cleans or disposes of the pen.
    - The form is now available in Spanish. If limited English proficiency, use a telephonic interpreter to assist with document review

1. **Complete Patient History/Intake**

* [CDC Intake form](https://www.cdc.gov/poxvirus/monkeypox/pdf/Attachment-2-Form-A-Patient-Intake-Form.pdf) - submit within 3 days via email or secure upload along with your clinic note
* Document your telemed or in person visit in EPIC, include housing status

1. **Labs and Photos –** [**OPTIONAL per CDC**](https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html)

* If labs are needed (i.e. no recent labs and concern for baseline abnormalities), then they should be drawn in clinic. Obtain: CBC with diff, CMP, Mg, Phos, uric acid, PT/PTT, UA, urine HCG for persons with a uterus
* Further information is available about submission for resistance testing or pharmacokinetic samples [here](https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html)

1. **Writing the Prescription/Obtaining the Medication**

(this will be hospital specific)

1. **During and Post-Treatment Follow-up -** [**OPTIONAL per CDC**](https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html)
   * Follow-up via telemedicine 3-14 days post treatment completion. Report to the CDC via the [clinical outcome form](https://www.cdc.gov/poxvirus/monkeypox/pdf/Attachment-2-Form-B-Clinical-Outcome-Form.pdf)
   * If patients have questions or concerns during treatment, the prescribing provider or their designee will be responsible for responding
   * Serious adverse events must be [reported to the CDC within 72 hours of awareness](https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html)

For Questions about high-risk exposures or vaccination, refer to Post-Exposure Prophylaxis Section of OCCAM (forthcoming)

**See Infection Prevention/Control sites for additional guidance, including PPE requirements:**

* [UWMC Monkeypox page](https://uwmc.uwmedicine.org/BU/infectioncontrol/Pages/Monkeypox.aspx) (intranet)
* [HMC Monkeypox page](https://hmc.uwmedicine.org/BU/InfectionControl/PAGES/Orthopox-(Monkeypox)-.aspx) (intranet)