



## COVID-19 Therapeutics Request Form

Providers who would like to receive state allocations of monoclonal antibodies (Sotrovimab, Bebtelovimab and Evusheld) and oral antivirals (Paxlovid and Molnupiravir) can fill out this form and send it to the Washington State Department of Health Medical Countermeasures Team (DOH MCM) at [mcm@doh.wa.gov](mailto:mcm@doh.wa.gov).

To receive therapeutics, the MCM Team will create a Health Partner Order Portal (HPOP) account for providers. Once an account is created, providers will receive a welcome sign-in email from HPOP and a welcome email from the DOH MCM Team with additional information.

### Requirements

All providers who received COVID-19 therapeutics must report utilization and product on-hand daily in HPOP and HHS Health Protect. DOH will not consider a site for additional allocation of therapeutics if they have not yet reported their on-hand/administered courses PRIOR to requesting additional product.

### Required Information

Please fill the empty fields with the required information and send the complete form to [mcm@doh.wa.gov](mailto:mcm@doh.wa.gov). A confirmation email will be sent within 24-48hrs. **Incomplete forms will not be processed.**

Provider Information			
Site Name			
Pharmacy License Number		Expiration Date	

Site Address & Hours of Operation			
Receiving Address			
City		Zip Code	
Hours of Operation			

Point of Contact			
Name		Title	
Email		Phone Number	

For more information on ordering, distribution and allocation of COVID-19 Therapeutics, please visit [www.doh.wa.gov/COVID19Therapies/Providers](http://www.doh.wa.gov/COVID19Therapies/Providers).