

# Arizona TPOXX Request Process for Tribal Entities

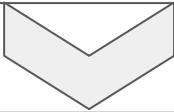


Clinician diagnosis and identifies [eligible patients](#) with confirmed mpox.



Fill out IHS requesting form 413 and required EA-IND forms:

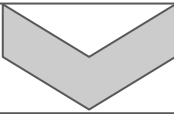
- [Tecovirimat \(TPOXX\) Requesting Form 413 \(IHS413\)](#)
- [FDA Form 1572](#) - Only one per facility for all TPOXX prescribed. Return to CDC within 7 calendar days of starting treatment.
- CDC [Informed Consent Form](#) - Obtain **PRIOR** to treatment.



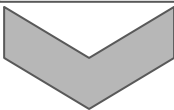
E-mail IHS 413 to [aaron.wyatt@ihs.gov](mailto:aaron.wyatt@ihs.gov) & [cathy.thomas2@ihs.gov](mailto:cathy.thomas2@ihs.gov), and cc [andrea.klimo@ihs.gov](mailto:andrea.klimo@ihs.gov)



IHS requests TPOXX from National Supply Service Center (NSSC) warehouse. TPOXX is **directly shipped** to IHS location or designated tribal site.



Patients treated and monitored for duration of treatment. Follow-up appointments should be on/around days 7 & 14 of treatment



Complete remaining required EA-IND forms and return to CDC via email ([regaffairs@cdc.gov](mailto:regaffairs@cdc.gov)) or upload to [ShareFile](#).

- CDC [Patient Intake Form](#): Baseline assessment **PRIOR** to starting TPOXX. Submit within 7 days of treatment initiation.
- [MedWatch Form](#): Report serious adverse events within 72 hours of awareness or sooner, if possible.
- Optional [Clinical Outcome Form](#): Healthcare providers are strongly encouraged to complete and submit progress information to CDC during and post treatment. Return form to CDC within 7 days of last patient follow-up.

**\*Current as of 12/21/2022. Processes are subject to change.**